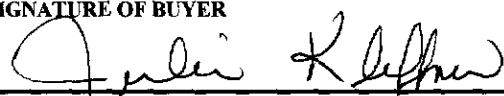
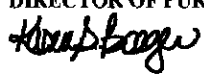




## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

<b>SOLICITATION NUMBER</b> RFPS30034901700042	<b>CONTRACT TITLE</b> Alternatives to Abortion Program Services
<b>CONTRACT NUMBER</b> CS170042009	<b>CONTRACT PERIOD</b> February 1, 2017 through June 30, 2017
<b>REQUISITION/REQUEST NUMBER</b> NR 300300700001	<b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b> 43160132900/MB00094264
<b>CONTRACTOR NAME AND ADDRESS</b> NURSES FOR NEWBORNS 7259 LANSLOWNE STE 100 ST. LOUIS MO 63119	<b>STATE AGENCY'S NAME AND ADDRESS</b> Office of Administration Commissioner's Office State Capitol Building, Room 125 Jefferson City MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  The proposal submitted by Nurses for Newborns in response to Solicitation Opportunity OPP No. RFPS30034901700042 is accepted in its entirety. The maximum annual total price available for fiscal year 2017 for Geographic Region 6 is \$318,156.95; the prorated total price for the above-referenced contract period is \$132,565.40.	
<b>BUYER</b> Julie Kleffner	<b>BUYER CONTACT INFORMATION</b> Email: Julie.Kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 1-25-17
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



**nurses for newborns**

SAVING BABIES. STRENGTHENING FAMILIES.

CHIEF EXECUTIVE OFFICER  
Melinda M. Ohlemiller, MA

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Founder

October 21, 2016

RE: Alternatives to Abortion  
RFPS30034901700042

Julie Kleffner  
Division of Purchasing  
301 West High Street,  
Truman Building, Room 630  
Jefferson City, MO 65101

Dear Julie:

Enclosed please find our response to the Best and Final Offer Request NO.: 002 sent to Nurses for Newborns on October 18, 2016. The enclosed pages include the signed Cover pages for BAFO Request NO.: 002 and 001 as well as the response to the BAFO Request List that was sent with BAFO No.: 001. In addition, as invited by the directions sent in your letter, we have included two pages to replace pages previously submitted. These include a *signed* Exhibit C (page 16), and a *revised* Total Cost for the services provided in response to the scenario in Exhibit H (page 79). As requested, we have included both the original documents and three (3) copies.

Thank you so very much for all of your assistance with the application process and our questions regarding the Best and Final Offer process. We remain extremely grateful for this important program and your careful management of the bid and purchase process that helps to ensure its integrity and ongoing public support.

Sincerely,

Rich Henniecke  
Director of Grants and Social Services

Enclosure





STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 002  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 10/18/16

REQ NO.: NR 300 300700001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 10/25/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: **PURCHASING** (U.S. Mail) or **PURCHASING** (Courier Service)  
**PO BOX 809**  
**JEFFERSON CITY MO 65102-0809** **301 WEST HIGH STREET, RM 630**  
**JEFFERSON CITY MO 65101-1517**

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Nurses for Newborns		94264	
MAILING ADDRESS			
7259 Lansdowne Avenue			
CITY, STATE, ZIP CODE			
St. Louis, Missouri 63119			
CONTACT PERSON		EMAIL ADDRESS	
Melinda M. Ohlemiller MA		Melinda.ohlemiller@nursesfornewborns.org	
PHONE NUMBER		FAX NUMBER	
314-544-3433		314-544-3427	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		10/19/2016	
PRINTED NAME		TITLE	
Melinda M. Ohlemiller, MA		Chief Executive Officer	

**BEST AND FINAL OFFER (BAFO) #002 to RFPS30034901700042**

**TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** Effective Date of Contract through June 30, 2017

RFPS30034901700042 is hereby revised as follows:

1. The following paragraphs in RFPS30034901700042 contain changes:

- 2.2.3
- 2.3.2
- 2.3.2 d.
- 2.3.2 i.
- 2.3.2 l. 2) second bullet point
- 2.4.1 e. 1)
- 2.4.1 e. 4) bullet point
- 2.5.5 a., b., and c.
- 2.11.4 e.
- 4.1.4
- 4.1.5

2. Exhibit F is revised.

The changes are indicated in *italics*, *unless the change is a deletion of words*.



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 001  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 09/27/16

REQ NO.: NR 300 300700001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: October 4, 2016 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: **PURCHASING** (U.S. Mail) or **PURCHASING** (Courier Service)  
**PO BOX 809**  
**JEFFERSON CITY MO 65102-0809** **301 WEST HIGH STREET, RM 630**  
**JEFFERSON CITY MO 65101-1517**

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Nurses for Newborns		94264	
MAILING ADDRESS			
7259 Lansdowne Avenue			
CITY, STATE, ZIP CODE			
St. Louis, MO 63119			
CONTACT PERSON		EMAIL ADDRESS	
Melinda M. Ohlemiller, MA		Melinda.ohlemiller@nursesfornewborns.org	
PHONE NUMBER		FAX NUMBER	
314-544-3433		314-544-3427	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		09/29/2016	
PRINTED NAME		TITLE	
Melinda M. Ohlemiller, MA		Chief Executive Officer	

**BEST AND FINAL OFFER (BAFO) #001 to RFPS30034901700042**

**TITLE:** Alternatives to Abortion Program Services

**CONTRACT PERIOD:** Effective Date of Contract through June 30, 2017

RFPS30034901700042 is hereby revised as follows:

1. The contract ending period has changed from May 31, 2017 to June 30, 2017.
2. The following paragraphs contain changes:
  - 1.3.2
  - 1.3.4
  - 2.10.8
  - 2.12.3. b.
  - 3.3.2 a. 1), including the table
2. Exhibit F, Item 15, has been revised.

**NURSES FOR NEWBORNS**

**BEST AND FINAL OFFER (BAFO) REQUEST LIST**

**BAFO NO. 001 FOR RFP RFPS30034901700042**

1. **VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001. By signing the cover page of the BAFO request, the vendor indicates acceptance and compliance with all revisions therein.
  - 1.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO request, Nurses for Newborns is requested to indicate understanding and agreement with the inserted requirements.

## **Response to the Best and Final Offer Request List**

### NURSES FOR NEWBORNS

#### BEST AND FINAL OFFER (BAFO) REQUEST LIST

##### BAFO NO.001 FOR RFPS30034901700042

1. **VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001. By signing the cover page of the BAFO request, the vendor *indicates acceptance and compliance with all revisions* therein.

- 1.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO request, Nurses for Newborns is requested to indicate understanding and agreement with the inserted requirements.

2.10.8: The award of a contract does not constitute agreement or represent any form of approval that the personnel identified in the contractor's awarded proposal *comply with* the Personnel Requirements stated herein. In the event the contractor's personnel are found not to be compliant with the Personnel Requirements, the contractor must replace any personnel with personnel that meet the Personnel Requirements.

Although Nurses for Newborns has identified personnel who meet the personnel requirements stipulated in the proposal, and has presented information supporting their qualifications, NFN understands that the award of a contract does not constitute agreement or represent any *form of approval that the personnel* identified in the contractor's awarded proposal comply with the Personnel Requirements stated in the ATA final proposal. Furthermore, if at any time, NFN personnel are not found to be *compliant with the contract's Personnel* Requirements, NFN will replace personnel with those that meet the requirements.



### **Additional Page Substitutions**

In keeping with the directions found in the BAFO invitation letter that was received by Nurses for Newborns , October 18, 2016, we are including the following pages to replace pages previously submitted:

1. The attached *signed* Exhibit C as a replacement of the previously submitted unsigned Exhibit C. (page 16)
2. The attached page that presents *corrected* total costs associated with services provided by NFN in response to the scenario presented in Exhibit H. (page 79)

end of the 12<sup>th</sup> month of NFN ATA service, Jessica plans to continue with the NFN program so that the nurse can continue to visit her periodically for a few more months and remain available for assistance as her infant continues to develop and as Jessica continues her educational career through her college.

Total price: \$5063.04 (provide a price analysis)

**Cost Related to NFN Service for ATA Client Jessica Smith  
Home Visit Professional Case Management**

MONTH OF SERVICE	# OF VISITS	TOTAL # OF HOURS
1	1	2
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8	1	1
8	4	4
9	2	2
10	2	2
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1
19	1	1
20	1	1
21	1	1
<b>Subtotal</b>	<b>27</b>	<b>28</b>

**Home Visit Professional Case Management**

**Total:** 27 visits, 28 hours X \$146.00 per hour: **\$ 4088.00**

Rental Assistance: Down Payment of first month's rent: **\$ 600.00**

**Total Cost of Additional Services:** **\$ 600.00**

**Total Direct Cost** **\$4688.00**

**Administrative Cost: 8%** **375.04**

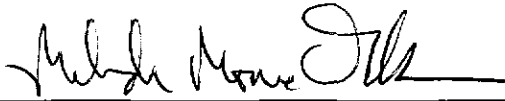
**Total Program Cost of Service billings to ATA for Jessica Smith:** **\*\$5063.04\*** Billing cost does not include contributed materials and non ATA funded assistance (including the Social Work counseling) that for Jessica would equate to over \$800.00

**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Melinda M. Ohlemiller, MA Chief Executive Officer

Name and Title of Authorized Representative



Signature

8/23/2016

Date

## Kleffner, Julie

---

**From:** Kleffner, Julie  
**Sent:** Tuesday, October 18, 2016 10:29 AM  
**To:** 'Rich Hennicke'  
**Subject:** RE: Copy of BAFO#2 Request List for NFN

The letter erroneously contained the following paragraph:

*Another attachment is the BAFO #002 Request List which supersedes the BAFO Request List issued with BAFO #001. The BAFO #002 Request List includes a list of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency, which may not comply with the requirements of the RFP.*

Please address the BAFO #001 Request List.

I apologize for any confusion.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

---

**From:** Rich Hennicke [<mailto:rich.hennicke@nursesfornewborns.org>]  
**Sent:** Tuesday, October 18, 2016 10:23 AM  
**To:** Kleffner, Julie  
**Subject:** Copy of BAFO#2 Request List for NFN

Hello Julie,

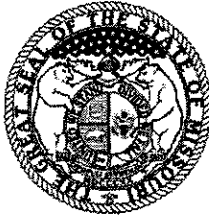
I am sorry but I have not found an attachment entitled BAFO #2 Request List with the email that you sent to Melinda this morning. We received your two page letter and a copy of the revised BAFO #2 RFP. We also have the response we previously prepared to the Request List for BAFO #1. However, we do not have a copy of a request list for BAFO #2. Would you be so kind as to advise me how to access this form or please resend this document?

Thank you so very much!

Rich

**Confidentiality Notice:** This communication, and any files attached, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this communication is prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by reply e-mail and destroy the original information. Thank you.

Jeremiah W. (Jay) Nixon  
Governor



Doug Nelson  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

Karen S. Boeger  
Director

October 18, 2016

Melinda Ohlemiller  
Nurses for Newborns  
7259 Lansdowne Avenue  
St. Louis MO 63119

*Via e-mail: [Melinda.Ohlemiller@nursesfornewborns.org](mailto:Melinda.Ohlemiller@nursesfornewborns.org)*

Dear Ms. Ohlemiller:

Best and Final Offer (BAFO) #001 request for Alternatives to Abortion Program Services was issued on September 27, 2016. On September 29, 2016, an e-mail was issued by Jason Kolks advising Nurses for Newborns the BAFO #001 request for RFPs30034901700042 was indefinitely extended. However, this letter shall constitute a second official request by the State of Missouri to enter into competitive negotiations with your company. The BAFO #001 response is due by the date specified herein for BAFO #002.

Attached hereto is a new complete copy of the RFP that includes changes to the RFP as a result of the BAFO #001 request as well as additional changes to the RFP as a result of BAFO #002 request.

The RFP includes Best and Final Offer #002 (BAFO #002) as the cover page. Be sure to have an authorized representative of your organization complete and sign the BAFO #001 and BAFO #002 cover pages and return with your BAFO response.

Another attachment is the BAFO #002 Request List which supersedes the BAFO Request List issued with BAFO #001. The BAFO #002 Request List includes a list of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency, which may not comply with the requirements of the RFP.

In your response to BAFO #002, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 Forms and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted.

Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing. Also, ensure your response to this BAFO request addresses the latest version of each paragraph/exhibit of the RFP.

Melinda Ohlemiller  
October 18, 2016  
Page 2 of 2

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON October 25, 2016 to:

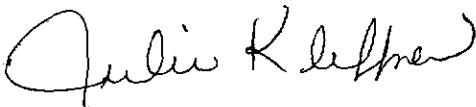
Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the original plus three (3) copies (for a total of four (4) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov.

Sincerely,

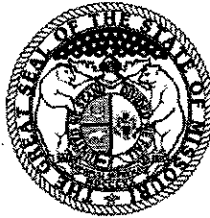


Julie Kleffner

c: Evaluation Team  
RFPS30034901700042

Attachment: RFP including BAFO form

**Jeremiah W. (Jay) Nixon**  
Governor



**Doug Nelson**  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

**Karen S. Boeger**  
Director

September 23, 2016

Melinda Ohlemiller  
Nurses for Newborns  
7259 Lansdowne Avenue  
St. Louis MO 63119

*Via e-mail: Melinda.Ohlemiller@nursesfornewborns.org*

Dear Ms. Ohlemiller:

In accordance with paragraph 3.2 of RFPS30034901700042 for Alternative to Abortion Program Services, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with Nurses for Newborns. Included with this letter are two attachments.

One attachment is a complete copy of the RFP, including revisions to the RFP. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments by this request for a BAFO.

Another attachment is the Best and Final Offer (BAFO) Request List which includes a request for a specific response to the identified RFP paragraph.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #001 form, your response to the BAFO Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" by 5:00 p.m. Central Time on September 30, 2016 to:

Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101-1517

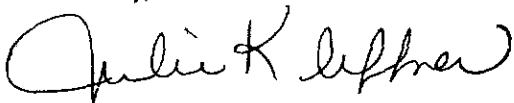
Melinda Ohlemiller  
September 23, 2016  
Page 2 of 2

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the **original plus five (5) copies (for a total of six (6) documents)** of your response. In addition, the offeror should provide one (1) copy of the response in a Microsoft compatible format on a CD(s) or flash drive. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at [julie.kleffner@oa.mo.gov](mailto:julie.kleffner@oa.mo.gov). Your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal are sincerely appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Kleffner", with a stylized, cursive script.

Julie Kleffner

c: Evaluation Team  
RFPS30034901700042

Attachments: Best and Final Offer Request List  
RFP including BAFO #001 form



**NURSES FOR NEWBORNS**

**BEST AND FINAL OFFER (BAFO) REQUEST LIST**

**BAFO NO. 001 FOR RFP RFPS30034901700042**

1. **VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001. By signing the cover page of the BAFO request, the vendor indicates acceptance and compliance with all revisions therein.
  - 1.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO request, Nurses for Newborns is requested to indicate understanding and agreement with the inserted requirements.

**Response by Nurses for Newborns to RFPS30034901700042**

**Alternatives to Abortion**

**Original Document**



**nurses for newborns**

SAVING BABIES. STRENGTHENING FAMILIES.

**CHIEF EXECUTIVE OFFICER**  
Melinda M. Ohlemiller, MA

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Gloria Wind  
Sharon Rohrbach, RN  
*Founder*

August 25, 2016

Julie Kleffner  
Office of Administration  
Commissioner's Office of Administration  
State of Missouri  
301 West High Street  
Jefferson City, MO 65101

Dear Julie:

Enclosed please find our application for participation in the Alternatives To Abortion Program. Thank you so very much for all of your assistance with the application process. We are deeply grateful for the work you did to facilitate this important program for the parents and infants of our state.

Sincerely,

Rich Henricke  
Director of Grants and Social Services



St. Louis County  
Children's Service Fund  
*Keeping Kids Healthy*





STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 1  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 08/11/16

REQ NO.: NR 300 300700001  
BUYER: Julie.kleffner@oa.mo.gov  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)  
PURCHASING  
PO BOX 809

JEFFERSON CITY MO 65102-0809

or

(Courier Service)  
PURCHASING

301 WEST HIGH STREET, ROOM 630  
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Nurses for Newborns		94264	
MAILING ADDRESS			
7259 Lansdowne Avenue			
CITY, STATE, ZIP CODE			
St. Louis, Missouri 63119			
CONTACT PERSON		EMAIL ADDRESS	
Melinda M. Ohlemiller, MA		Melinda.ohlemiller@nursesfornewborns.org	
PHONE NUMBER		FAX NUMBER	
314-544-3433		314-544-3427	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		8/23/2016	
PRINTED NAME		TITLE	
Melinda M. Ohlemiller		Chief Executive Officer	

**ADDENDUM #1 to RFPS30034901700042**

**TITLE:** **Alternatives to Abortion Program Services**

**CONTRACT PERIOD:** **Effective Date of Contract Through May 31, 2017**

**PLEASE BE ADVISED OF THE FOLLOWING CHANGES AND CLARIFICATIONS:**

1. The preproposal conference attendance record has been added to MissouriBUYS and can be found under the Addendum Documents.
2. The return proposal date year has been correct on the first page of the RFP.
3. The following paragraphs, exhibit, and attachment contain changes:
  - 2.1.5 l.
  - 2.3.2 f. 1) and 2)
  - 2.3.2 l 2) 3rd bullet point
  - 2.11.4 a. – d.
  - 2.12.3 c. 1)
  - 3.3.2 h. and subparagraph 1)
  - 3.3.2 i.
  - 3.4.1 a. and subparagraphs 1) and 2), including the bullet points
  - 3.4.1 b.
  - Pricing Pages
  - Exhibit F
  - Attachment 6

The changes are indicated in *italics*, *unless the change is a deletion of words*.

For vendors responding electronically to this solicitation, the additional detail for all line items has been modified in the MissouriBUYS system.

Vendors may review the revision(s) to the MissouriBUYS electronic solicitation and the addendum document(s) at <https://MissouriBUYS.mo.gov>.

Please follow these steps to conduct a comparison review of the electronic solicitation revision(s):

1. Log into **MissouriBUYS**.
2. Select the **Solicitations** tab.
3. Select **View Current Solicitations**.
4. Select **My List** (if you have previously reviewed/responded to this solicitation); Select **Other Active Opportunities** (if you have not previously reviewed/responded to this solicitation).
5. Select the correct **Opportunity Number (Opportunity No)**; the **Overview** page will display.
6. From the **Overview** page, under **Solicitation History** information, select **Previous Version** from the dropdown box.
7. Choose the solicitation version you desire to compare to the addendum.
8. Click **Show Version Comparison** (revisions will be in yellow highlight). Click **Close** to return to the **Overview** page.

Note: The electronic solicitation revision may not include all of the revisions included in the addendum document(s); therefore, the vendor is advised to download, review, and accept the addendum document(s).

Please follow these steps to accept the addendum document(s):

1. If you have not accepted the original solicitation document, go to the **Overview** page, find the section titled, **Original Solicitation Documents**, review the solicitation document(s), then click on the box under **Select**, and then click on the **Accept** button.
2. To accept the addendum document, on the **Overview** page find the section titled **Addendum Document**, review the addendum document(s), then click on the box under **Select**, and then click on the **Accept** button.

Note: If you submitted an electronic response prior to the addendum date and time, you should review your solicitation response to ensure that it is still valid by taking into consideration the revisions addressed in the addendum document. If a revision is needed to your solicitation response and/or to indicate your acceptance of the addendum document, you will need to retract your response and re-submit your response by following these steps:

1. Log into **MissouriBUYS**.
2. Select the **Solicitations** tab.
3. Select **View Current Solicitations**.
4. Select **My List**.
5. Select the correct **Opportunity Number (Opportunity No)**; the **Overview** page will display.
6. Click on **Review Response** from the navigation bar.
7. Click on **Retract** if your response needs to be revised.
8. A message will come up asking, "Are you sure you want to retract the Bid". Click on **Continue** to confirm.
9. Click on **Respond** and revise as applicable.
10. Click on **Review Response** from the navigation bar and then click on **Submit** to submit your response.



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/15/16

REQ NO.: NR 300 30007000001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

The year for the return proposal corrected by Addendum #1

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://MISSOURIBUYS.MO.GOV) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

	(U.S. Mail)		(Courier Service)
RETURN PROPOSAL TO:	PURCHASING	or	PURCHASING
	PO BOX 809		301 WEST HIGH STREET, RM 630
	JEFFERSON CITY MO 65102-0809		JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Melinda M. Ohlemiller, MA	94264
MAILING ADDRESS	
7259 Lansdowne Avenue	
CITY, STATE, ZIP CODE	
St. Louis, Missouri 63119	

CONTACT PERSON	EMAIL ADDRESS
Melinda M. Ohlemiller, MA	Melinda.ohlemiller@nursesfornewborns.org
PHONE NUMBER	FAX NUMBER
314-544-3433 extension 319	314-544-3427
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	8/23/2016
PRINTED NAME	TITLE
Melinda M. Ohlemiller	Chief Executive Officer

**Response by Nurses for Newborns to RFPS30034901700042**  
**Alternatives to Abortion**

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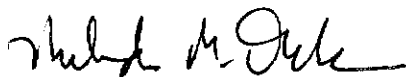
## **VENDOR QUALIFICATION**

**EXHIBIT A****CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO*****Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions***

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Melinda M. Ohlemiller, Chief Executive Officer

\_\_\_\_\_  
Name and Title of Authorized Representative



\_\_\_\_\_  
Signature

August 23, 2016

\_\_\_\_\_  
Date

**COST**

### **Pricing Note**

Nurses for Newborns anticipates serving 180 (non-duplicated) pregnant women and their infants during a one year time period. Based upon the level of service in past years and funding availability, NFN projects serving 60 women a month with non-residential services. Although a price for Residential Care Services is included as required on the Pricing Page, it is anticipated that any client served by NFN that requires residential services will be referred to an organization that provides these services and no funds from the ATA program would be used by NFN to purchase these services. Annual direct cost for the non-residential services is anticipated to be \$432,000. Indirect administrative and support cost necessary for the delivery of services will be at 8% of this amount, resulting in a Maximum Annual Total Price for the 12 month period of \$466,560.

*If fewer funds were made available through the ATA program, NFN would need to reduce the services that would be provided. If awarded at a lower rate than requested, NFN would still participate with the ATA program but could not do so for less than the Minimum Annual Total Price required for services of \$220,000.*

**PRICING PAGE, continued****Pricing Table Revised by Addendum #1**

<b>Line Item</b>	<b>Geographic Region</b>	<b>Original Contract Period Maximum Annual Total Price (based upon a 12-month period)</b>	<b>Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)</b>	<b>Non-Residential Services, Price Per Client, Per Month</b>	<b>Residential Care Services, Price Per Client, Per Month</b>
1	1	\$ _____	\$ _____	\$ _____	\$ _____
2	2	\$ _____	\$ _____	\$ _____	\$ _____
3	3	\$ _____	\$ _____	\$ _____	\$ _____
4	4	\$ _____	\$ _____	\$ _____	\$ _____
5	5	\$ _____	\$ _____	\$ _____	\$ _____
6	6	\$ <b>466,560</b>	\$ <b>220,000</b>	\$ <b>600</b>	\$ <b>2550</b>
7	7	\$ _____	\$ _____	\$ _____	\$ _____
8	8	\$ _____	\$ _____	\$ _____	\$ _____
9	9	\$ _____	\$ _____	\$ _____	\$ _____

**VENDOR'S EXPERIENCE AND RELIABILITY AND EXPERTISE OF  
PERSONNEL**

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:
--

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Nurses For Newborns (NFN) was established in 1992 by Sharon Rohrbach; an RN who was appalled by the increasing deaths of infants at St. Louis area hospitals. Sharon felt called to make a difference in the lives of infants by using a nurse home-visiting model that serves at risk populations in an effort to prevent infant mortality, child abuse and neglect. As well as providing medical care for infants NFN nurses began to connect families with other resources essential to the health of the infant, the family, and the community and began a series of programs to meet specific community needs. NFN began the Safe Beginnings program in 1992 to serve infants whose family members had a psychiatric diagnosis, and quickly created two more programs in 1993: Bridge to the Future (for medically fragile infants) and The Teen Parent Program. In 1997, Bright Futures was created to answer a growing need for services for families facing severe poverty and lack of access to care. In fiscal year 1998/1999 NFN joined the family of United Way agencies. In 2001, agency services were initiated in Nashville, Tennessee. In 2005, NFN joined the Maternal Child and Family Health Coalition in a federally funded initiative called Healthy Start in order to address health disparities in North St. Louis. In 2007 NFN began a five-year federal demonstration project called Health Hearts and Homes that linked nurse visitation with responsible fatherhood and healthy relationship services to prevent child maltreatment. With the assistance of the Sisters of Mercy, in 2009 the agency initiated services in Springfield Missouri. Also in late 2009, with the assistance of the Missouri Foundation for Health, NFN began its Health Literacy program that utilized mothers of two immigrant communities to enhance the language and cultural literacy of its home visiting services. In 2010 NFN was awarded CUHRP funding to pilot a demonstration research project in partnership with area universities and regional funding sources in order to enhance home safety for infants. NFN has been recognized for innovation and service quality throughout the agency's history. Perhaps most notably, the federal Administration for Health Care Research and Quality has recognized NFN's program as a model of innovative practice, including it in the Administration's *Innovative Practices* listing since 2007. In 2013 and 2014, NFN was awarded contracts with the federal Maternal, Infant, and Early Childhood Home Visiting Program for services in Tennessee and Missouri. This program provides rigorous evaluation of programs that may warrant funding as a federally recognized evidence based home visiting program. NFN has received state and national awards such as the "Use Your Life" Award from Oprah's Angel Network which was presented to the agency's founder, the Paul Simon Award from Signature Health for NFN's innovative use of information technology, the Ascension Health Partnership in Ministry Award, the Robert Wood Johnson Community Service Award, and the national Premier Cares Award for agency effectiveness and innovation. NFN has received local awards from Focus St. Louis Civic Progress, St. Louis Children's Hospital, Cardinal-Glennon Hospital, and the Chambers of Commerce from Afton and Webster Groves – Shrewsbury, the Stellar Performance Award from Variety, St. Louis, the Community Champion Award from the Institute for Family Medicine, and the Missouri Public Health Association for its Group Merit Award. In its 25 years of operations, Nurses for Newborns has provided services for over 65,000 infants and their families with 99% of those evaluated to be free of any substantiated report of child abuse and neglect.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Nurses for Newborns is a non-profit community agency founded in Missouri that provides nurse home visiting and related services for over 3,000 newborn infants and their caregivers annually. The website for Nurses for Newborns is: [www.nfnf.org](http://www.nfnf.org)

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Nurses for Newborns has provided nurse home visiting services to over 50,000 Missouri families over the past 25 years and has enjoyed the partnership of federal, state, and local government as well as others who pursued contractual arrangements. Major contracts include:

**State of Missouri:** The agency's first contracts (25 years ago) were with Missouri's Children's Trust Fund. NFN has maintained contracts with this important child abuse prevention fund throughout most of the agency's history. Nurses for Newborns participated in other state home visitation contracts as these were introduced. Most importantly for this current opportunity, NFN has been a partner with the Alternatives to Abortion program since 2002 and maintains a current contract with the program, providing services to over 110 families in the current contract year. NFN has also been a provider for the Stay at Home Parent and the Child Abuse and Neglect Prevention programs in the past, and has been a provide of two State of Missouri Home Visitation Contracts providing service to hundreds of Missouri families in multiple counties. at the current time.

**Federal Contracts:** Nurses for Newborns has provided nurse visitation services for several federal contracts. NFN was the primary service partner in the St. Louis Healthy Start program. Currently, NFN is a participating provider for the federal Maternal, Infant, and Early Childhood Home Visiting Program that serves infants and their caregivers in the city of St. Louis.

**County Contracts:** Nurses for Newborns has provided nurse visitation services for the special municipal or county funds that address the needs of children in the city of St. Louis (Mental Health Board), St. Louis County (Children's Service Fund) and St. Charles County (Community and Children's Resource Board), and the Lincoln County Resource Board.

Federal, state, and municipal contracts are detailed on the Exhibit D forms that are included with this text.

**Other Contracts:** In addition to the major contracts noted above, Nurses for Newborns maintains contractual arrangements with the current Missouri Health Net Health Maintenance Organizations, and with special research/service partnerships with St. Louis University, Washington University and Vanderbilt University. These partnerships provide funding and research expertise to enhance services and build knowledge in the field of home visitation and the prevention of child abuse.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

Nurses for Newborns received two new contracts for home visitation that included parent education and family support during the past two years: The Lincoln County Resource Board began supporting NFN services in 2012 and the St. Louis Mental Health Board awarded a new contract to NFN in 2014. No contract was "lost" but the Healthy Start program concluded its cycle and a second MIECHV contract was not re-funded. Other grants during the time period ended and new grants were secured to help support agency services.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	NFN provides material support, as needed, in the form of diapers, formula, baby clothes, developmentally-appropriate toys, and other necessities for a child's healthy growth and development.
Ending the dependence of needy parents on government benefits by promoting job preparation,	NFN provides clients information on education and



work, and marriage	job preparation programs that increase opportunities for employment. NFN social workers assist couples who wish to address problematic relationship issues.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	NFN nurses discuss birth control with clients (but do not provide contraceptives), as well as healthy spacing between pregnancies.
Encouraging the formation and maintenance of two-parent families	As noted above, limited relationship support and referral is provided for couples who seek this service.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

NFN is a 501(c)(3) nonprofit organization and is therefore governed by a voluntary Board of Directors that is comprised of representative members of the community served by the organization. All corporate powers are vested in and exercised by the Board of Directors, which is responsible to see that the mission of the agency is carried out. The Board of Directors, currently numbering 27 members, includes the following positions on the Executive Committee: President, Vice President, Secretary, Treasurer and Immediate Past President (Ex-officio member). The Bylaws of the agency describe the composition and responsibilities of the Board. Board members generally are limited to serving two three-year terms. The Board meets monthly at regularly scheduled times, except for the months of July and December. The duties of the Executive Committee of the Board include providing the CEO with an annual written performance review and making decisions with respect to policy and management of the Corporation when the Board of Directors is not meeting. The Bylaws further describe the Board of Directors in terms of number of Board members, term of office, nominees, duties, resignation, removal, vacancy, annual meeting, notice of meetings, attendance, quorum, and terms of membership. The Bylaws also address the election, vacancy, term of office, Immediate Past President, and Duties of the Officers of the Board. The Bylaws further describe the committees of the Board and their various duties and functions. Committees include: Executive, Board Governance and Nominating, Finance, Medical Advisory, and other Standing or Special Committees, and Task Committees. General Provisions of the Bylaws further describe the fiduciary relationships handled by the agency such as contracts, checks, deposits, bonding, contributions, and others. Other terms of the document include a conflicts of interest policy, fiscal year, and terms for the amendment of the instrument. In practice, the overall responsibilities of the Board can be categorized as: Policy – Creating mission and vision statements, determining programs and services, and approving the strategic plan; Monitoring Operations – hiring and evaluating the CEO and providing their consultation-skills to the CEO, approving the annual budget, approving major contracts and grants, reviewing program evaluations; and Public Engagement – fundraising, communication within the community, and advocacy.

The Chief Executive Officer is responsible for the overall day-to-day management and service of the agency. She is assisted by the Chief Nursing Officer who oversees all agency services, and the Chief Financial Officer who oversees all agency finance and human resource issues. The Directors of Philanthropy and Special Events and Volunteers lead the agency fund raising efforts, and the Director of Quality and Research guides all research activities, including the electronic information management that supports this work,

Nurses for Newborns is a Missouri organization that also provides services in Tennessee. Tennessee operations are funded exclusively by funding from that region. Nurses for Newborns is not a member of a parent organization, but it does retain affiliation with the United Way of St. Louis and the Tennessee operations maintain affiliation with the United Ways in that region.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

Nurses for Newborns was named in a lawsuit along with 8 other defendants for an allegation of failure to hotline. This matter was resolved through settlement and the lawsuit was dismissed in January of 2016 with no admission of liability by Nurses for Newborns and no judgment against NFN or any of its staff.

**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Melinda M. Ohlemiller, MA Chief Executive Officer

Name and Title of Authorized Representative

Signature

8/23/2016

Date

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Nurses for Newborns</b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Office of Administration
Address of Reference Company/Client:	State Capitol Building, Room 125, Jefferson City, MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Emily Kraft Special Assistant to the Commissioner 517-751-8502 <a href="mailto:Emily.kraft@oa.mo.gov">Emily.kraft@oa.mo.gov</a>
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	7/1/2015-6/30/2016
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	104 currently served by contract \$280,023.40
Size of Service/Contract (in terms of vendor's total amount of business)	8%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women whose infant is at risk for abortion. Case management through nurse home visitation. Christian, Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Francois, St. Louis, Ste. Genevieve, and Washington counties and the city of St. Louis. Nurses provide comprehensive case management to facilitate healthy infant birth.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

<b>Vendor Name or Subcontractor Name:</b> Nurses for Newborns (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
<b>Name of Reference Company/Client:</b>	Missouri Department of Social Services, Children's Division
<b>Address of Reference Company/Client:</b>	Early Childhood and Prevention Services Section P.O. Box 88 Jefferson City, MO 65102
<b>Reference Contact Person Name, Phone #, and E-mail Address:</b>	Nancy Reid, Program Development Specialist 573-751-2037 <a href="mailto:Nancy.Reid@dss.mo.gov">Nancy.Reid@dss.mo.gov</a>
<b>Title/Name of Service/Contract</b>	Home Visitation
<b>Dates of Service/Contract:</b>	October 1, 2015-September 30, 2016
<b>If service/contract has terminated, specify reason:</b>	Contract is current
<b>Size of Service such as:</b> ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	110 individuals will be served \$ 312,758.40 is the total annual value
<b>Size of Service/Contract (in terms of vendor's total amount of business)</b>	9%
<b>Description of Services Performed, such as:</b> ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Population: Parents and infants at risk of child abuse and neglect Type of service: Nurse home visitation Geographic area: St. Louis City, St. Louis County, St. Louis sub-metro, Franklin, Gasconade, Iron, Jefferson, Lincoln, Phelps, St. Charles, St. Francois, St. Genevieve, Warren and Washington counties Duties: Nurse home visitation with the strategic direction of preventing child abuse and neglect
<b>Personnel Assigned to Service/Contract (include position title):</b>	Chari Bender RN,, Jamie Pataky RN, Jean Hecht RN, Kathy Gutman, RN, Julie Conaway, RN (Nurse home visitors): Ron Tompkins RA, MA, MSN (Administration)

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	St. Louis County Children's Service Fund
Address of Reference Company/Client:	222 South Meramec Avenue, Suite 202 Clayton, MO 63105
Reference Contact Person Name, Phone #, and E-mail Address:	Samantha Stangle, MSW Portfolio Manager 314-615-5864 <a href="mailto:sstangl@stlouisco.com">sstangl@stlouisco.com</a>
Title/Name of Service/Contract	Home Visitation Services
Dates of Service/Contract:	Current contract; 1/1/2016-12/31/2017. Contract maintained since 2010.
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	500 families per year for two years \$800,000 for two year period
Size of Service/Contract (in terms of vendor's total amount of business)	11%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women and mothers with newborn infants facing poverty and other risks. Nurse home visitation St. Louis County Nurses provide comprehensive assessment, monitoring, teaching, and linkage to needed services in order to ensure physical and mental health and safety of infant.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving areas noted.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	The Community and Children's Resource Board of St. Charles County
Address of Reference Company/Client:	2440 Executive Drive, Suite 214 St. Charles, MO 63303
Reference Contact Person Name, Phone #, and E-mail Address:	Bruce Sowatsky, MSW Executive Director 636-939-6200 <a href="mailto:bsowatsky@scckids.org">bsowatsky@scckids.org</a>
Title/Name of Service/Contract	Home Visitation Services
Dates of Service/Contract:	Current contract 1/1/2016-12/31/2016. Contract maintained since 2011.
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Anticipated number of infants/caregivers: 170 \$109,170.60 (current fiscal year)
Size of Service/Contract (in terms of vendor's total amount of business)	3%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women and mothers with newborn infants facing poverty and other risks. Nurse home visitation St. Charles County Nurses provide comprehensive assessment, monitoring, teaching, and linkage to needed services in order to ensure physical and mental health and safety of infant.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving areas noted.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

<b>Vendor Name or Subcontractor Name:</b> <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	ARCHS/Missouri Children's Division Central Office
Address of Reference Company/Client:	205 Jefferson Street, 10 <sup>th</sup> Floor, P.O. Box 88 Jefferson City, MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Amber Donnelly/ARCHS Nancy Reid, Program Development Specialist 573-751-2037 <a href="mailto:Nancy.Reid@dss.mo.gov">Nancy.Reid@dss.mo.gov</a>
Title/Name of Service/Contract	Home Visitation Services
Dates of Service/Contract:	Current contract: 7/1/2015-6/30/2016. Contract maintained since 1/1/2000
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	A minimum of 150 families must be served monthly. \$589,720.00 (current fiscal year)
Size of Service/Contract (in terms of vendor's total amount of business)	16%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women and mothers with newborn infants facing poverty and other risks. Nurse home visitation. St. Louis city and Butler, Carter, Crawford, Dent, Franklin, Gasconade, Iron, Jefferson, Lincoln, Madison, Reynolds, St. Charles, St. Francois, Shannon, Warren, Washington, and Wayne counties. Nurses provide comprehensive assessment, monitoring, teaching, and linkage to needed services in order to ensure health and safety of infant.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving areas noted.



**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Maternal, Infant and Early Childhood Home Visiting Program
Address of Reference Company/Client:	930 Wildwood Drive Jefferson City, MO 65109
Reference Contact Person Name, Phone #, and E-mail Address:	Christina Elwood 573-751-6266 <a href="mailto:Christina.Elwood@health.mo.gov">Christina.Elwood@health.mo.gov</a>
Title/Name of Service/Contract	Nurse Home Visitation Services for Newborns
Dates of Service/Contract:	10/1/2015-9/30/2016
If service/contract has terminated, specify reason:	Contract is current.
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	134 clients served monthly. \$288,506.00
Size of Service/Contract (in terms of vendor's total amount of business)	8%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women and mothers with newborn infants facing poverty and other risks. Nurse home visitation. St. Louis city. Nurses provide comprehensive assessment, monitoring, teaching, and linkage to needed services in order to ensure health and safety of infant.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving areas noted.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Lincoln County Resource Board
Address of Reference Company/Client:	101 West College, Suite 1-B, Troy, MO 63379
Reference Contact Person Name, Phone #, and E-mail Address:	Cheri Winchester, Executive Director; 636-528-2490 <a href="mailto:director@lincolncountykids.org">director@lincolncountykids.org</a>
Title/Name of Service/Contract	Putting Infants First in Lincoln County
Dates of Service/Contract:	January 1, 2016 – December 31, 2016
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Supports services for 17 families with 128 visits. Total contract for 2016: \$14,955
Size of Service/Contract (in terms of vendor's total amount of business)	.4%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Serves at risk infants and their families living in Lincoln County Services provided are home visitation by Registered Nurses Area served: Lincoln County Duties include home visitation by registered nurses that identifies risks and assists caregiver in ensuring the health, safety, and developmental success of newborn infants
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving families in Lincoln county.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Ronald Tompkins, RN, MA, MSN
Educational Degree (s): include college or university, major, and dates	BA in English (1968; Colorado State College), MA in English (1971; University of Northern Colorado), BSN (1978; University of Colorado), MSN (1989; University of Colorado)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #125581/ CPR Certified – Adult and Infant
Specialized Training Completed.	BA in Education
# of years experience in area of service proposed to provide:	38 years of Nursing Administration Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 7 years.
Describe this person's responsibilities over the past 12 months.	Provided oversight & management of nursing staff and ATA Program.
Previous employer(s), positions, and dates	Vice President (2001 to 2009; SSM St. Mary's Health Center), Vice President (1995 to 1997; SSM St. Mary's & St. Joseph's), Admin Director (1993 to 1995; SSM St. Mary's), DON (1987 to 1992; University Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	9 semester hours for BA in English
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	35 years of experience
✓ Program administration	45 years of experience

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Linda Spina, RN
Educational Degree (s): include college or university, major, and dates	BS Communication (1988; St. Louis University), BSN (1994; St. Louis University), Women's Health Care Nurse Practitioner (1998; University of Missouri at St. Louis), MS Nursing (1998; University of Missouri at St. Louis)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 131696/ CPR Certified – Adult & Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	22 years of Nurse Education, Health Administration, Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients & supervision of home visiting staff.
Previous employer(s), positions, and dates	Manager (2003 to 2005; Reimbursement Affairs – Midwest Region), RN Educator (2000 to 2003; Health Management Services), DON ( 1998 to 2000; On Call Associates, LTD), DON (1997 to 1998; Deaconess Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Healthy Start, Home Visitation, Mental Health Board 1 & 2, St. Louis County, NuMoms 1 & 2, 24-1, MIECHV, Daughters of Charity, Missouri Foundation For Health 1-3, Love In Action.

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Chari Bender, RN
Educational Degree (s): include college or university, major, and dates	ASN (1982; Deaconess School of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 089604/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	34 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 8 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients & supervision to home visiting staff.
Previous employer(s), positions, and dates	RN (06/1982 to 06/1985; Oklahoma Memorial Hospital), RN (6/1985 to 2000; St. Louis Children's Hospital), RN (2000 to 2002; Health South Outpatient Surgery Center), RN (1/2007 to 1/2008; Wentzville School District), RN (1/2008 to current; Nurses for Newborns)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Home Visitation, Lincoln County Resource Board, & St. Charles County Resource Board

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Jennifer Crowell, RN
Educational Degree (s): include college or university, major, and dates	BSN (1993; University of Missouri, Columbia)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 130787/ CPR Certified – Adult and Infant
Specialized Training Completed.	Certified Lactation Counselor
# of years experience in area of service proposed to provide:	23 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 6 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients & supervision to home visiting staff.
Previous employer(s), positions, and dates	Childbirth Educator (08/2001 to 02/2008; DePaul Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks old orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Healthy Heart & Homes, Raising St. Louis

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Jennifer Adams, RN
Educational Degree (s): include college or university, major, and dates	ASN (2002, Jefferson College)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2002016/ CPR Certified – Adult & Infant
Specialized Training Completed.	Premature Birth, Working with special needs families, Child abuse, & Media
# of years experience in area of service proposed to provide:	14 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (6/2002 to 4/2005; St. Anthony's Medical Center), LPN (9/2011 to 6/2002; St. Anthony's Medical Center), Nurse Aide (12/1999 to 09/2001; St. Anthony's Medical Center)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Maureen Berra, RN
Educational Degree (s): include college or university, major, and dates	LPN (1993; St. Louis, MO), ASN (2000; Deaconess College of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2001006580 / CPR Certified – Adult and Infant
Specialized Training Completed.	Board Certified Lactation Consultant
# of years experience in area of service proposed to provide:	23 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	Founder (1985 to 1993; Mother's Helper), LPN (1993 to 1996; Deaconess Medical Center), LPN/RN (1996 to 2002; Barnes – Jewish Hospital) RN (2002 to 2004; St. Josephs), RN (2004 to 2005; St. Mary's Hospital), RN (2005 to 2006; Gateway Medical Center), RN (2007 to 2007; Nurses for Newborns), RN (2008 to 2014; Barnes – Jewish Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A



**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Pat Clayton, RN
Educational Degree (s): include college or university, major, and dates	BSN (1983; University of Cincinnati)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 094356/ CPR Certified – Adult and Infant
Specialized Training Completed.	Premature Birth, Working with special needs families, Child abuse, & Media
# of years experience in area of service proposed to provide:	33 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 14 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (1/1997 to 12/2001; St. John's Mercy Medical Center), RN (2/1995 to 5/1997; Healthy Homecomings), OB RN (09/1985 to 12/1987; St. John's Mercy Medical Center), PP RN (03/1985 to 09/1985; St. John's Mercy), RN (08/1984 to 03/1985; St. John's Mercy), Charge RN (08/1983 to 06/1984; Brown County Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Julie Conaway, RN
Educational Degree (s): include college or university, major, and dates	ASN (1995; Fayetteville Technical College), BSN (2000; UMSL)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 137138/ CPR Certified – Adult and Infant
Specialized Training Completed.	International Board Certified Lactation Consultant
# of years experience in area of service proposed to provide:	16 years of Hospital & In-Home Nursing Experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 2 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA
Previous employer(s), positions, and dates	RN (1995 to 2003; University of Missouri, Rolla), RN (1998 to 1999; Truman Elementary School), Pediatric RN (1995 to 2003; Phelps County Regional Medical Center), RN (2003 to 2005; Nurses for Newborns), RN (2006; Missouri Home Care), Lactation Consultant (2007 to 2014; Phelps County Regional Medical Center)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Christine Gasper, RN
Educational Degree (s): include college or university, major, and dates	BSN (1985; Truman State University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 100506 / CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	31 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for less than 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (2/2015 to 8/2015; Barnes Jewish Hospital), RN (5/2003 to 2/2015; St. Clare Health Center), RN (4/2002 to 5/2003; Barnes Jewish West County), RN (11/1997 to 4/2002; Missouri Baptist Medical Center), RN (8/1988 to 11/1997; St. Luke's Hospital), RN (4/1985 to 8/1988; Mercy Medical Center), Summer Camp RN (Summers of 83 & 84; Camp Taum Sauk, Lesterville, MO)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Kathy Gutmann, RN
Educational Degree (s): include college or university, major, and dates	BSN (1990; Deaconess College of Nursing), School Nurse Certificate (2003; SIUE), MSN (2012: University of Phoenix)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 117378 / CPR Certified – Adult and Infant
Specialized Training Completed.	NCSN – National certified school nurse
# of years experience in area of service proposed to provide:	26 years of Hospital & In-Home Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 2 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	Health Instructor (2013 to 2014; Hazelwood School District), Teaching Internship (2013; Chamberlain College of Nursing), RN (2004 to 2013; Hazelwood School District), Substitute RN (2000 to 2003; Bethalto School District), Substitute RN (2000 to 2003; Alton School District), RN (1994 to 1995, Sinai Samaritan Health Center, Milwaukee, WI), RN (1987 to 1992; Cardinal Glennon Children's Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Jean Hecht, RN
Educational Degree (s): include college or university, major, and dates	ASN (1990; St. Charles Community College)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 117182/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	26 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 6 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (3/2001 to 2002; Wentzville School District), RN (1997 to 2002; Grace Hill Community Health), RN (1993 to 1995; Homeless St. Charles), RN (1995 to 1997 Express Scripts), RN (1992 to 1993; St. Charles Clinic), DON (1990 to 1992; St. Mary's Institute)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Laurie Hyde, RN
Educational Degree (s): include college or university, major, and dates	ASN (1978; Meramec Community College)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 076196/ CPR Certified – Adult and Infant
Specialized Training Completed.	Domestic violence, teen pregnancy, child abuse prevention, perinatal substance abuse, & special needs families
# of years experience in area of service proposed to provide:	38 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 24 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (2/1987 to 8/1992; Max C Starkloff Clinic), RN (5/1978 to 4/1987; Normandy Osteopathic South Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	First Steps

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Carol Jaeger, RN
Educational Degree (s): include college or university, major, and dates	BSN (2006; Barnes Jewish College of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2006031985/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 5 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (8/2006 to 1/2010, Barnes-Jewish Hospital), Proofreader (3/2004 to 5/2006; Momentum Worldwide), Program Quality Manager (8/2000 to 11/2002; Siboney Learning Group), Copy Editor (10/1998 to 08/2000; The Zipatoni Co.), Proofreader (10/1997 to 10/1998; May Merchandising Co.) Development Coordinator (10/1996 to 10/1997; Center of Contemporary Arts)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Debbie Layton, RN
Educational Degree (s): include college or university, major, and dates	ASN (1987; Meramec Community College) BSN (in progress; University of Missouri, St. Louis)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 107387/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	30 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 18 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (1987 to 1997; Deacones Hospital), RN (1994 to 1997; Forest Park Pediatrics), RN (1997 to present; Barnes Hospital) RN (1997 to 1998; On Call Associates)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Healthy Start, NuMoms (1), & Home Visitation



**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Marilyn Lewis, RN
Educational Degree (s): include college or university, major, and dates	Diploma in Nursing (1974; Jewish Hospital School of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 062485/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	42 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (4/2005 to 12/2005; Personal Touch Home Care), RN (1989 to 2004; St. Anthony's Medical Center), RN (1989 to 2002; Self-Employment), RN (1989 to 1992; Unity Health), RN Manager (1987 to 1989; St. John's Mercy Hospital), RN (1985 to 1987; Barnes Hospital), Charge RN (1982 to 1985; St. Luke's Hospital), RN (1980 to 1981; Phelps County Regional Medical Center), RN (1976 to 1980, Second General Hospital, Landstuhl, West Germany)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Jamie Pataky, RN
Educational Degree (s): include college or university, major, and dates	ASN (2002; Madisonville Community College), BSN (2015; Central Methodist University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2007007325/ CPR Certified – Adult & Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	14 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 7 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (12/2002 to 4/2007; Trover Foundation Health System), RN (10/2003 to 02/2005; Jennie Stuart Medical Center), RN (06/2007 to 6/2008; St. John's Mercy), Per Diem RN (12/07 to current; Missouri Baptist Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Chris Lefler, RN
Educational Degree (s): include college or university, major, and dates	BSN (2007; Southeast Missouri State),
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #100506/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for less than 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (2006 to 2015; Southeast Hospital) RN (3/2015 to 11/2015; Mercy Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Kathryn Porterfield, RN
Educational Degree (s): include college or university, major, and dates	BSN (1973; Wellesley College), MSN (1980; Yale School of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2014000924 / CPR Certified – Adult and Infant
Specialized Training Completed.	Certified Tobacco Cessation Counselor
# of years experience in area of service proposed to provide:	36 years of Hospital & In-Home Nursing Experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 2 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	Independent Practitioner (2008 to 2013; Brattleboro Retreat, Battleboro, VT), Community Health Education Coordinator (2008 to 2010; New London Hospital in NH), Nurse Practitioner (2003 to 2008; Newport Health Center and Tiger Treatment Center), Nurse Practitioner (1989 to 1995; Frances Nelson Health Center), Faculty (1990 to 1993; University of Illinois), Faculty (1995 to 2003; Carle Foundation Hospital), Lecturer (University of IL at Urbana – Champaign.)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Leah Rogers, RN
Educational Degree (s): include college or university, major, and dates	Diploma of Nursing (1984; Barnes Hospital School of Nursing), BSN (1989; St. Louis University), MSN (1997; St. Louis University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 098075 / CPR Certified – Adult and Infant
Specialized Training Completed.	Child Passenger Safety technician, Special needs trained, Healing touch for babies
# of years experience in area of service proposed to provide:	29 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for less than 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (5/1987 to current; St. Louis Children's Hospital), RN (1/1985 to 5/1987; Barnes Hospital), RN (7/2006 to 5/2014; Alton School District)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Lorrie Sterling, RN
Educational Degree (s): include college or university, major, and dates	ASN (2009; Southeast Hospital College of Nursing Health Sciences)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #2009020152/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10 years of Hospital & In-Home Nursing experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for less than 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (8/2011 to 3/2015; Cape Public Schools), RN (11/2010 to 7/2011; Pyramid Home Health), CNA/RN (07/1998 to 03/2016; Southeast Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Lisa Stevick, RN
Educational Degree (s): include college or university, major, and dates	BSN (1979; University of Missouri at Columbia)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 080178/ CPR Certified – Adult and Infant
Specialized Training Completed.	Mental health first aid and speech & language development
# of years experience in area of service proposed to provide:	37 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 7 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	Director of Education (3/2007 to 5/2008; Midwest Institute), Massage Therapist (1/2006 to 3/2007; Spine Care), Massage Therapist (7/1999 to 5/2008; Self Employed), Office Support Staff (9/1997 to 03/2000; Webster-Kirkwood Times, Inc.), RN (4/1989 to 9/1997; St. John's Mercy Medical Center), RN (4/1984 to 3/1989; Cardinal Glennon Hospital), Assistant Head Nurse (4/1983 to 3/1984; Deaconess Hospital), RN (6/1979 to 4/1983; Cardinal Glennon Hospital),
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Gwen Stubblefield, RN
Educational Degree (s): include college or university, major, and dates	AAN (1984; Forest Park Community College), BSN (1987; University of Missouri in St. Louis), MSN (University of Missouri in St. Louis)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #109050/ CPR Certified – Adult and Infant
Specialized Training Completed.	Lab Tech Certified & EMT Certified.
# of years experience in area of service proposed to provide:	32 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 11 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN Supervisor (10/2002 to 07/2004; City of St. Louis), Health Services Manager II (08/2001 to 09/2002; City of St. Louis), Nursing Supervisor (06/1998 to 08/2001; City of St. Louis), Clinical Supervisor (06/1993 to 06/1998; City of St. Louis), RN II (10/1990 to 06/1993; City of St. Louis), RN I (06/1989 to 10/1990; City of St. Louis), RN (09/1991 to 12/1995; Nurses for Newborns), RN (05/1990 to 09/1991; Compra-Health Nursing Agency), RN (06/1989 to 09/1991; Alexian Brothers Hospital), RN Supervisor (04/1988 to 04/2003; Truman Restorative Center), Lab Tech (01/1985 to 06/1989; City of St. Louis), Lab Tech Supervisor (09/1975 to 01/1985; Truman Restorative Center), Lab Tech (10/1975 to 01/1987; Overland Medical Center), Lab Tech (04/1970 to 09/1975; Max C. Starkloff Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Healthy Start



<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Jenny Uhlig, RN
Educational Degree (s): include college or university, major, and dates	BSN (2010; St. Louis University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2010019168 / CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	6 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 3 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (6/2010 to 9/2013; SSM Cardinal Glennon Children's Medical Center), Student Nurse (5/2009 to 7/2009; SSM St. Clare's Hospital), Care Partner II (7/2009 to 5/2010; SSM St. Clare's Hospital), Child Care Worker (5/2004 to 9/2010; YMCA of Greater St. Louis)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Mary Westerhaus, RN
Educational Degree (s): include college or university, major, and dates	BSN (1981; St. Louis University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #85904/ CPR Certified – Adult and Infant
Specialized Training Completed.	Lactation training
# of years experience in area of service proposed to provide:	35 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (03/1998 to 09/2005; Barnes Jewish Hospital), RN (01/1988 to 3/1998; Deaconess Hospital), RN (02/1981 to 01/1988; Incarnate Word Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Terosia Williams, RN
Educational Degree (s): include college or university, major, and dates	RN (1987), BSN (2007; Goldfarb School of Nursing), MSN (2011; Goldfarb School of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 106461 / CPR Certified – Adult and Infant
Specialized Training Completed.	BCLS, ACLS, Advanced Fetal Monitor, & Mental Health First Aid
# of years experience in area of service proposed to provide:	29 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 3 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (09/2002 to 07/2012; Barnes – Jewish Hospital); RN (06/2011 to 04/2012; Goldfarb School of Nursing), RN (09/2001 to 08/2002; St. John's Mercy Medical Center), RN (11/1990 to 05/2001; Lutheran Medical Center), RN (12/1987 to 1/1989; St. Louis Regional Medical Center), Educator (8/2007 to 8/2011; Goldfarb School of Nursing)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4 years of teaching at Goldfarb School of Nursing
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Cynthia Yoder, RN
Educational Degree (s): include college or university, major, and dates	BSN (1987; Trinity Christian College), BA (1987; Trinity Christian College)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 107716 / CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	24 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (1987 to 2001; St. Louis Children's Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E, Continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 6</b>	
<b>Name of Person:</b>	Amanda Leuther, RN
Educational Degree (s): include college or university, major, and dates	BSN (2014; Central Methodist University), AA (2011; St. Louis Community College @ Forest Park)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 22061757 / CPR Certified – Adult and Infant
Specialized Training Completed.	Training related to hospital care of children.
# of years' experience in area of service proposed to provide:	11 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for less than 1 year.
Describe this person's responsibilities over the past 12 months.	Provides case management visits for ATA
Previous employer(s), positions, and dates	RN (3/2015; St. Louis Children's Hospital), RN (1/2012 to 3/2015; SSM St. Mary's Health Center), CNA (2007-2012; St. Anthony's Medical Center)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

## **PROPOSED METHOD OF PERFORMANCE**

## **Response to Contractual Requirements**

As suggested in Section 3.6.1, in order to assure the reviewer that Nurses for Newborns meets each contractual requirement, the text that follows enumerates the paragraphs in the Contractual Requirements section of the Request for Proposal and provides a response for each item that requires information from the offeror. This text is then followed by the Exhibits and attachments that provide further detail regarding the agency's qualifications for delivery of service through the proposed contract.

### **2. CONTRACTUAL REQUIREMENTS**

#### **2.1 General Requirements:**

##### **2.1.1 General Requirement:**

**Continuum of care:** Based upon its 25 years of providing care to Missouri families through nurse home visitation, and its over 14 years of partnership with the Alternatives to Abortion program, Nurses for Newborns seeks to continue providing coordinated, comprehensive Alternative to Abortion Program services based on the individual needs for women who meet the specified eligibility criteria within Region 6. NFN also seeks to provide services for clients outside Region 6 in Phelps and Dent counties (counties previously served by NFN for the ATA program) if this is deemed appropriate and within the goals of the Office of Administration. NFN will continue to provide these services through its evidence informed nurse home visitation program in ways that ensure the preference of the client in the selection of an ATA provider.

#### **2.1.2 Nurses for Newborns will continue to promote one or more purposes of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Specifically, NFN promotes the first two purposes.**

##### **a. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives:**

Nurses for Newborns nurses visit pregnant women and their families in their homes. This allows the nurse to observe, identify, and document nutritional needs of the family. The nurse provides direct assistance of food items (including infant formula, infant food, and food for the family) donated to Nurses for Newborns for the use of families served. In addition, the nurse and other NFN personnel assist the family by linking them with food pantries as well as with governmental food programs such as WIC or Supplemental Nutritional Assistance Program (SNAP).

##### **b. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage:**

In order to ensure the health and safety of newborn infants, Nurses for Newborns helps pregnant women, mothers, and fathers address barriers to securing employment opportunities. This includes helping caregivers secure and use appropriate medical care, obtain necessary education, and acquire transportation, child care, and other supports necessary to find and maintain gainful employment. This includes helping mothers or fathers identify and use community resources that address these needs and prepare them for employment opportunities. NFN also employs licensed social workers to provide counseling services for pregnant women and mothers and fathers who wish to improve their relationship in order to improve the well being of their child. Although this service (not supported by this contract) may facilitate the choice of some individuals to pursue marriage (and the potential economic and other benefits of a two-parent family), the purpose is to help the caregiver(s) ensure the health, safety, and sustained well being of their child.

#### **2.1.3 Nurses for Newborns shall ensure any expenditures claimed to the Alternative to Abortions Program are not claimed to other federal grants to include but not limited to Domestic Violence funding, Title IV-E Foster Care, Title IV-E Adoption Assistance, Home Visitation, Child Care Block Grant, Early Head Start, and other federally reimbursed programs.**

2.1.4 Nurses for Newborns agrees to ensure the services provided are not also provided to the client through other TANF or federally funded programs such as MWA, Child Care Assistance, etc.

2.1.5 NFN will ensure that all actions taken by the agency in relation to the ATA contract support the TANF-allowable services:

- a. Parenting Skills Classes;
- b. Child Care;
- c. Housing Assistance (clients are limited to three [3] months of rent or mortgage assistance in a twelve [12] month period);
- d. Residential care;
- e. Emergency shelter;
- f. Utilities (clients are limited to three [3] months of utility assistance in a twelve [12] month period);
- g. Job Training and Placement;
- h. Education Services;
- i. Establishing and Promoting Responsible Paternity;
- j. Case Management Services
- k. Transportation; and
- l. Supplies

2.1.6 Respectful Service Provision:

Because cultural competency is a critical factor that impacts the effectiveness of NFN programs, NFN uses several strategies to ensure language and cultural competency. As noted elsewhere, NFN utilizes nurses who live in and have knowledge of the geographic area in which the family resides. Staffing attempts to ensure racial and ethnic diversity so that nurses or Community Outreach Workers (whose service will not be billed to this contract) better understand and work with the cultural preferences of the families served. Language needs of the clients served are addressed directly by bilingual nurses or Community Outreach Mothers or through the use of interpreters. As a component of the agency's health literacy grant awards, NFN nurses have received training in cultural competence and motivational interviewing. This is addressed as a part of ongoing agency training efforts. The use of mothers of the communities (Community Outreach Workers) to assist with language and cultural issues with African American, Hispanic, and Bosnian communities has also aided NFN in achieving greater cultural competence. Cultural competency and health literacy enhance NFN's primary strength based approach in a way that helps the client achieve identified goals.

2.1.7 24/7 Availability:

The RN/Case Manager provides the client with her cell phone contact number so that the nurse (or the Nurse on Call) can be reached 24 hours a day, 7 days a week. In addition, NFN maintains a "Nurse on Call" emergency response phone on weekends and after hours in order to ensure access to NFN services.

2.1.8 Unless otherwise specified herein, Nurses for Newborns shall furnish all material, labor, facilities, equipment, and supplies necessary to perform the services required herein.

## 2.2 Eligibility Requirements:

2.2.1 NFN will seek information from the client to determine eligibility for acceptance into the ATA program. Eligibility criteria will include:

- a. Missouri residency
- b. Family income that is at or below 185% of federal poverty level
- c. Be carrying an unborn child or children and is choosing to carry the child to term instead of having an abortion
- d. Is not receiving ATA from any other provider.



2.2.2 As permitted by the contract, NFN may use the following for identification and income documentation:

- 1) Utility bills;
- 2) Driver's licenses;
- 3) Pay stubs;
- 4) Written employer statements; and
- 5) Social Security benefits statements.

2.2.3 Discharge:

NFN will discharge clients accepted into the ATA program per the requirements of the ATA program, with services ending twelve (12) months post-partum, and when services are provided to the client after the child turns one (1) year of age (the day following the child's first birthday) NFN will not be reimbursed by the state agency.

2.2.4 Nurses for Newborns will maintain documentation of eligibility for a minimum of five years for each woman determined eligible.

### **2.3 General Performance Requirements:**

2.3.1 Nurses for Newborns agrees to design and implement a comprehensive Alternatives to Abortion program that includes all of the following services:

a. Assessment Services:

Nurses for Newborns will provide assessment services that include eligibility for services and identification of risk factors and services necessary to minimize the likelihood of abortion and maximize the likelihood that the pregnancy will be carried to term. NFN's credentialed case managers shall perform the assessments, including the initial client risk and needs assessment, domestic abuse screenings, and post-partum depression screenings.

- 1) Initial Client Risk and Needs Assessment and Domestic Abuse Screening – Within twenty-four (24) hours of the client's admission into the Alternative to Abortion program, the NFN's credentialed case manager will conduct an initial assessment, including a screening for domestic abuse, in order to document the risk factors and the services needed to minimize the risk of abortion and to complete the pregnancy. At times, because a client begins with NFN before it is discovered that she qualifies for ATA, the assessment that includes these components is accomplished before enrollment.
- 2) Post-Partum Depression Screenings – Included in the first post-partum visit, Nurses for Newborns Registered Nurse will conduct an assessment for post-partum depression using the Edinburgh Postnatal Depression Screening Scale (EPDS), and for stress utilizing the Everyday Stressors Index. If the client scores in a level requiring additional action, including referral, the nurse will assist the mother with resources to address the depression.
- 3) The client's program eligibility for ATA services is determined upon entry into the program and again at the time the birth of the child(ren).

b. Case Management Services:

Nurses for Newborns will provide case management services that manage the identified service needs of the client in order to minimize the likelihood of abortion and improve the pregnancy outcome. Case management services may be provided by professional or non-credentialed case managers.

c. Prenatal Parent Education and Parenting Skills Training:

Nurses for Newborns will provide Prenatal Parent Education and Parenting Skills Training to each client, which is based on the needs of the client, as determined through the assessments and case

management services required herein. Prenatal Parent Education and Parenting Skills Training services shall be provided by credentialed case managers, non-credentialed case managers, or other individuals who have adequate knowledge in the subject being taught.

1) Content of Training:

- Nurses for Newborns will not provide separate prenatal classes directly but will provide ongoing parent education for each client throughout the year of ATA program participation as a component of the home visit. Based on the recommendations of the Academy of Pediatrics and the evidence based Bright Futures curriculum, the content of this training includes all of the items specified in the contract requirement (please see Exhibit F, Item 6).
- 2) If there is a question by the state agency as to the relevancy or accuracy of the material being taught in a Prenatal Parent Education and Parenting Skills Training class, Nurses for Newborns agrees to provide the state agency with copies of the curriculum and/or training materials for state agency approval upon the state agency's request.
  - 3) As noted above, no separate classes will be provided by NFN. The content of the information shared with pregnant women in the home visits is evidence based and noted in Exhibit F. This content includes promotion of cognitive skills, motor skills, valuing and comforting the child.
  - 4) Nurses for Newborns shall include cognitive skills, motor skills, valuing, and comforting of the infant/child in the training.
  - 5) NFN shall provide personnel to provide the Prenatal Parent Education and Parenting Skills Training who have adequate knowledge in the topics to be taught.

d. Responsible Paternity Education:

The nurses may provide home visits on weekends and evenings and coordinate their visits specifically to reach the fathers of infants. Fathers are encouraged to attend home visits with the mother and are invited to listen to the baby's heartbeat with the nurse, prenatally. Handouts are given with pictures showing the baby's growth in the uterus, week-by-week. These are shared with the fathers as well as the mothers. The nurses begin teaching the fathers how important they are to the well being of the mom and baby during pregnancy. After birth, visits are timed to include the father to teach him infant CPR, signs of illness in a newborn, and the dangers of shaking a baby. The father's importance to his baby's life and future are emphasized. These steps are increasingly important in order to engage fathers as the great majority of our clients are unwed parents. For several years, NFN worked closely with the Fathers Support Center in a federal collaborative project. This relationship continues to enhance referrals to programs that encourage responsible paternity.

- 1) If there is a question by the state agency as to the relevancy or accuracy of the material being taught in a Responsible Paternity Education class, Nurses for Newborns agrees to provide the state agency with copies of the curriculum and/or training materials for state agency approval upon the state agency's request.
- 2) Nurses for Newborns shall provide personnel to provide the Responsible Paternity Education who have adequate knowledge in the topics to be taught.

2.3.2 Nurses for Newborns will ensure provision of each of the service categories noted below as detailed in Exhibit F.

- a. Prenatal Care
- b. Medical Care
- c. Mental Health Care
- d. Newborn or Infant Medical Care

- e. Adoption Assistance
- f. Child Care
- g. Clothing
- h. Domestic Abuse Protection
- i. Drug and Alcohol Testing and Treatment
- j. Educational Services
- k. Food
- l. Housing
- m. Utilities
- n. Job Training and Placement
- o. Supplies
- p. Transportation
- q. Ultrasound Services
- r. Other Services

**2.4 Record Maintenance and Reporting and Evaluation Requirements:** Nurses for Newborns will continue to maintain electronic case files for each client served; provide reports to the state agency identifying client information, services, and activities; and cooperate with the state agency in the evaluation of the effectiveness of NFN's services and the clients' satisfaction with program services. NFN understands that such evaluation may be conducted by on-site monitoring and by talking with clients.

**2.4.1 Record Maintenance:** NFN's case files shall be retained in electronic format. The case file documentation shall include, but is not necessarily limited to, the following:

- a. Record of the following client demographic data in the case file of each client served:
  - 1) Name;
  - 2) Date of Birth;
  - 3) Marital status;
  - 1) Ethnic/cultural designation;
  - 2) Spoken language;
  - 3) Educational level;
  - 4) Social Security Number;
  - 5) Medicaid number (if applicable);
  - 6) Number of dependents in household;
  - 7) Household income;
  - 8) Address; and
  - 9) Estimated date of delivery;
- b. The following applicable information:
  - 1) Description of services provided, including all case management;
  - 2) Date(s) and time(s) of service provision;
  - 3) Receipts for goods or services provided; and
  - 4) Documentation of relevant referrals and applications.
- c. If a client is determined to be in need of services provided by the MO HealthNet Division, the Supplemental Nutrition Program Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), DSS child care assistance, and/or the Low-Income Home Energy Assistance Program (LIHEAP), Nurses for Newborns will maintain documentation in the client's record showing the client has applied for such programs or services.
- d. If the case manager refers the client for (1) the MO HealthNet Prenatal Case Management program, (2) Building Blocks of Missouri program, (3) Healthy Families Missouri Home Visiting program,

or the (4) Healthy Start program, NFN will maintain documentation in the client's record showing the client has been referred for such programs or services.

- e. Nurses for Newborns shall record the following information in the state agency's electronic data system:
  - 1) Client Intake Form - Within five (5) working days after completing the determination of eligibility and completion of the initial client intake assessment, NFN must complete the Client Intake Form in the state agency's data system.
  - 2) Postpartum Depression screening assessment - Within ten (10) calendar days after completion of the required Edinburgh Postnatal Depression Screening Scale assessment (EDPS), NFN shall enter the data collected into the state agency's data system.
  - 3) Pregnancy Outcome – Within seven (7) days of notification that the client has delivered or is no longer pregnant, NFN shall enter the data collected into the state data system.
  - 4) Discharge Documentation - For all clients who are no longer eligible or who have elected to discontinue Alternatives to Abortion program services, Nurses for Newborns shall record the discharge in the state agency's data system within seven (7) calendar days of the client's decision to terminate program services or the client's last day of eligibility.

2.4.2 Nurses for Newborns shall conduct monthly case file reviews by supervisory personnel in accordance with the following:

- a. A minimum of one (1) case file must be reviewed per case worker;
- b. Corrective action taken for incomplete findings must be documented; and
- c. Case file reviews must be documented and retained in the case file.

2.4.3 Nurses for Newborns agrees to submit reports as follows:

- a. Submit a case file review summary report reflecting the results of the monthly case file reviews to the state agency by no later than February 15<sup>th</sup>, June 15<sup>th</sup>, and October 15<sup>th</sup>.

Nurses for Newborns will report the following information to the state agency by no later than the 15<sup>th</sup> of each month for the state agency to track the effectiveness of NFN's program. The report shall include, but not be limited to, the following information:

- 1) Number of clients enrolled;
- 2) Number of clients engaged in job training and placement or educational services through the Alternatives to Abortion program;
- 3) Number of fathers who participated in Alternatives to Abortion case management sessions, prenatal and parenting skills courses, or responsible paternity services during the time of the client's eligibility;
- 4) Number of prenatal skills and parenting education classes held;
- 5) Number of clients who attended prenatal skills and parenting education classes;
- 6) Number of case management hours provided;
- 7) Number of clients who participated in case management services; and
- 8) Any additional information as may be required by the state.

2.4.4 Client Satisfaction:

In addition to NFN's ongoing client satisfaction calls conducted weekly, NFN will utilize the form provided by the state, every June and December NFN to assess client satisfaction with the ATA program services. The form will be completed by the client and returned to NFN in the sealed envelope provided

by NFN. The client's name is not included on the form. Copies of the completed forms will be provided to the state agency within 10 days of the survey's completion.

## **2.5 Implementation Requirements:**

### **2.5.1 Operational Preparedness:**

As a current ATA provider, NFN is prepared to fully implement the proposed contract within the 15 day time requirement.

### **2.5.2 State Agency Liaison:**

This refers to a State of Missouri Requirement.

### **2.5.3 Contractor Representative:**

Mr. Ron Tompkins, MA, MSN, RN is currently directing agency ATA services and will continue to do so if a contract is awarded to NFN. Mr. Tompkins information is provided in this application and is currently on file with the office of Administration as NFN's Contractor Representative.

### **2.5.4 Contractor Service Location:**

Nurses for Newborns office is located at 7259 Lansdowne Avenue in St. Louis County. However, services are delivered directly in the home of clients.

### **2.5.5 Computer Capability:**

Nurses for Newborns maintains an electronic medical record system that meets the capabilities and security requirements required by the State of Missouri. This system is currently being utilized for the ATA program.

## **2.6 Record Retention/Performance Review and Audit Requirements:**

- 2.6.1 NFN maintains financial and accounting records in accordance with generally accepted accounting procedures in accordance with the requirements of this contract including maintaining records for 3 years from the date of final payment on the contract, and will continue to cooperate with the state of Missouri with any reporting or auditing requirements. In addition, NFN agrees to retain records which relate to (1) appeals; (2) litigation of the settlement of claims arising out of performance of the contract; and (3) costs and expenses of the contract to which exception has been taken by the Administration for Children and Families or its duly authorized representative, for a period of three (3) years from the expiration date of the contract.

## **2.7 Contract Compliance**

- 2.7.1 NFN will continue to cooperate with any state monitoring, auditing, or examination requirements.

## **2.8 Confidentiality**

- 2.8.1 NFN agrees to keep confidential information of the contract and will seek approval for any sharing of information or reports on the program. NFN will cooperate with signing any documents that may be required regarding confidential information.
- 2.8.2 If required by the state agency, Nurses for Newborns and any required NFN personnel will sign specific documents regarding confidentiality, security, or other similar documents upon request. It is understood that failure of NFN and any required personnel to sign such documents shall be a breach of contract and subject to the cancellation provisions of the contract.
- 2.8.3 NFN will comply with the appropriate administrative, physical, and technical safeguards to protect electronic protected health information as stipulated in 2.8.3.

- 2.8.4 Nurses for Newborns agrees that the use and disclosure of information on clients who are recipients of services is prohibited except as permitted under section 208.120 RSMo and other applicable state and federal law regarding confidentiality of personal information and public assistance programs.

## 2.9 Contractor Qualifications:

### 2.9.1 Section 188.325 RSMo Qualifications:

Nurses for Newborns is recognized by the United States Internal Revenue Code as tax exempt under section 501 (c) 3. As its mission and name suggest, Nurses for Newborns does not “perform or induce, assist in the performing or inducing of or refer for abortions.”

- 2.9.2 Nurses for Newborns will continue to promote one or more purposes of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Specifically, NFN promotes the first two purposes.

- a. *Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.* Nurses for Newborns nurses visit pregnant women and their families in their homes. This allows the nurse to observe, identify, and document nutritional needs of the family. The nurse provides direct assistance of food items (including infant formula, infant food, and food for the family) donated to Nurses for Newborns for the use of families served. In addition, the nurse and other NFN personnel assist the family by linking them with food pantries as well as with governmental food programs such as WIC or Supplemental Nutritional Assistance Program (SNAP).
- b. *End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.* In order to ensure the health and safety of newborn infants, Nurses for Newborns helps pregnant women, mothers, and fathers address barriers to securing employment opportunities. This includes helping caregivers secure and use appropriate medical care, obtain necessary education, and acquire transportation, child care, and other supports necessary to find and maintain gainful employment. This includes helping mothers or fathers identify and use community resources that address these needs and prepare them for employment opportunities. NFN also employs licensed social workers to provide counseling services for pregnant women and mothers and fathers who wish to improve their relationship in order to improve the well being of their child. Although this service (not supported by this contract) may facilitate the choice of some individuals to pursue marriage (and the potential economic and other benefits of a two-parent family), the purpose is to help the caregiver(s) ensure the health, safety, and sustained well being of their child.

## 2.10 Personnel Requirements:

### 2.10.1 Personnel

Nurses for Newborns agrees to provide sufficient personnel to perform the services required herein, including personnel who comply with the following minimum requirements to work directly with clients (hereinafter be referred to as case managers):

- a. Credentialed Case Manager – Professional Case Management will be provided by Nurses for Newborns Registered Nurses. Nurses working for NFN must have three years of NICU (neonatal intensive care) or five years of maternal-child health experience prior to being hired. **Credentials:** Nurses are required to graduate from an accredited (NLN) school of nursing and to maintain a current Missouri license. Licenses are verified by NFN staff using the Missouri State Board of Nursing database at the time of hire and at the time of renewal. Nurses must possess and maintain CPR certification. **Core Competencies:** Capacity to understand and implement the nursing protocols required for nurses by the NFN nurse visitation program including competency in providing medical, developmental, social, emotional and environmental assessment of the infant and caregiver, parent/caregiver education, referral, and linkage to needed services.
- b. Non-credentialed Case Manager – Although Nurses for Newborns employs staff (specifically Community Health Workers) who meet the requirements for providing non-professional case

management, if services of the Community Health Workers are needed for ATA clients, these services will be supported by other funding sources.

Exhibit E details qualifications of NFN staff associated with the ATA contract.

**2.10.2 Background Security Clearance Report:**

Nurses for Newborns staff providing case management services and their supervisors pass a criminal record personal identifier and a fingerprint based background search at the time of hire. Subsequent screenings will be held every two (2) years.

**2.10.3 Pre-Assignment Screenings:**

NFN's direct service personnel for this contract and their supervisors have already or will pass the following pre-assignment screening.

- a. Abuse/neglect report check by the Family Care Safety Registry Background Investigation.
- b. Abuse/neglect report check from the Department of Health and Senior Services, Employment Disqualification List; and
- c. Abuse/neglect report check from the Employee Disqualification Registry from the Department of Mental Health.

**2.10.4 Personnel Training:**

All NFN home visiting personnel are required to have the appropriate level of training, education, and experience to fulfill the requirements of their assigned positions. In addition to the education, training and experience noted in Exhibit E, NFN home visitors are required to attend monthly training to maintain and enhance their knowledge and skills.

**2.10.5 Nurses for Newborns will maintain all applicable records, as outlined in section 2.10, pertaining to all personnel associated with the administration of the Alternatives to Abortion program and the delivery of services to clients.**

**2.10.6 Substitution of Personnel:**

Nurses for Newborns will not use substitute personnel for this contract without prior written approval of the state agency. Furthermore, such substitution will be equal to or better than the individuals proposed in this application. Nurses for Newborns will submit attachment A2A to the state agency for the substitution of personnel.

**2.10.7 Authorized Personnel:**

Nurses for Newborns will continue to only employ personnel authorized to work in the United States in accordance with applicable federal and state laws and will cooperate with any audit or investigation from federal, state, or local law enforcement agencies. Nurses for Newborns currently maintains and will continue to maintain participation in the E-Verify federal work authorization program. As such, NFN has included the documentation required to affirm NFN's participation in the E-Verify federal work authorization program. In accordance with subsection 2 of section 285.530, this Affidavit of Work Authorization will be renewed annually.

**2.11 Financial Requirements:**

**2.11.1 Funding:**

Nurses for Newborns will update its vendor registration and will cooperate fully with the State's payment method through electronic funds transfer.

**2.11.2 Allocations of Funding:**

- a. Nurses for Newborns shall be awarded a total cost allocation. NFN may provide services above and beyond the total cost allocation award; however, NFN shall not receive payment for services provided above and beyond the total cost allocation award identified in the Notice of Award.

Throughout the contract period, the state agency reserves the sole right to adjust NFN's total cost allocation due to changes in appropriations, budget restrictions, current, historic, and future estimated service usage, and other factors determined by the state agency, which may include, but not be limited to:

- 1) Availability of funding;
- 2) Previous billing practices of NFN (i.e. Utilization of funding);
- 3) NFN performance; and
- 4) Location or geographic region.

The state agency will allocate funding for services on an annual basis and shall provide notification to Nurses for Newborns of the total cost allocation amount. The amount of the annual total cost allocation shall be determined at the sole discretion of the state agency, without recourse. Such determination may include, but is not limited to, such factors as:

- 5) Availability of funding;
- 6) Previous billing practices of NFN (i.e. Utilization of funding);
- 7) NFN performance; and
- 8) Location or geographic region.

NFN will be notified of any revisions to the total cost allocation through a contract amendment.

- 2.11.3 TANF Quarterly Expenditure Report – Nurses for Newborns (the subrecipient) shall ensure that only TANF-allowable services are submitted on their quarterly expenditure report due to the state agency on the 15<sup>th</sup> day of the first month following the end of each quarter (October 15<sup>th</sup>, January 15<sup>th</sup>, April 15<sup>th</sup>, and July 15<sup>th</sup>) (refer to Attachment 5).

- 2.11.4 Nurses for Newborns shall submit itemized invoices to the state agency liaison.

- a. By the 15<sup>th</sup> of the month, NFN shall electronically submit an invoice for the monthly award amount.
- b. DELETED in accordance with Addendum #1
- c. The state agency will compare the quarterly expenditure report with the total dollar paid to NFN for the same quarter. If the dollars paid are greater than the dollars reported on the quarterly expenditure report, the state agency shall reduce the next monthly invoice by the corresponding dollar amount. If the dollars paid are less than the dollars reported on the quarterly expenditure report, the state agency shall increase the next monthly invoice by the corresponding dollar amount.
- d. If NFN's remaining award amount for the contract period becomes less than the monthly award amount, the state agency will reduce future invoices for the contract period.

- 2.11.5 The state agency reserves the right to:

- a. audit all invoices, in a manner determined by the state agency;
- b. reject any invoice for good cause;
- c. make invoice corrections and/or changes with appropriate notification to Nurses for Newborns; and
- d. recover from NFN any funds for which adequate verification and documentation of expenditures, if required, is not maintained.



- 2.11.6 The state agency is not required to make payment for services billed on invoices not submitted within the timeframes required by the contract.
- 2.11.7 Notwithstanding any other payment provision of the contract, if NFN fails to submit reports when due, or is indebted to the United States, the state agency may withhold payment or reject invoices under the contract.
- 2.11.8 The state agency shall reject payment for NFN's failure to perform or deliver the required work or services.
- 2.11.9 If a request by Nurses for Newborns for payment or reimbursement is denied, the state agency shall provide NFN with written notice of the reason(s) for denial.
- 2.11.10 Other than the payments specified above, no other payments or reimbursements shall be made to NFN for any reason whatsoever including, but not limited to taxes, shipping charges, interest, penalties, termination payments, attorney fees, liquidated damages, etc.
- 2.11.11 If Nurses for Newborns is overpaid by the state agency, upon official notification by the state agency, NFN shall provide the state agency (1) with a check payable as instructed by the state agency in the amount of such overpayment at the address specified by the state agency or (2) deduct the total amount of overpayment from the subsequent monthly invoices as requested by the state agency.
- 2.11.12 Contractor shall not use awarded funds for supplanting:  
Nurses for Newborns will not use Alternatives to Abortion funds to supplant local funds or subsidize services provided to others.

## **2.12 Other Contractual Requirements:**

- 2.12.1 Contract:  
Nurses for Newborns recognizes that a contract includes the elements identified in section 2.12.1 that will include the RFP and all materials attached including the Best and Final Offer response and notice of award. No change to the contract can be accomplished without a formal contract amendment signed and approved by and between the Division of Purchasing and the authorized representative of Nurses for Newborns.
- 2.12.2 Contract Period:  
Nurses for Newborns understands that the contract period is for the stated time frame from the effective date of contract through May 31, 2017. It is also understood that the Division of purchasing has the right to renew the contract for three (3) additional one year periods and that this extension is at the sole discretion of the state of Missouri.
- 2.12.3 Renewal Periods:  
If the State of Missouri exercises the right to extend the contract period, all terms and conditions and specifications of the contract shall remain the same and apply during renewal periods. NFN further understands that the State may determine funding limitations necessitate a decrease in pricing for the renewal period(s). If NFN rejects these new terms, the contract may be terminated. In addition, Nurses for Newborns agrees that:
  - a. If the option for renewal is exercised by the Division of Purchasing, NFN should submit a budget/price analysis of the guaranteed-not-to-exceed annual total price requested and a budget narrative; and
  - b. DELETED in accordance with Addendum #1
- 2.12.4 Termination:

NFN accepts the fact that termination is the right of the Division of Purchasing and may be exercised through written notice to NFN.

**2.12.5 Transition:**

NFN agrees to work cooperatively with the state of Missouri for any transition of clients or program responsibilities that may occur in the initiation, delivery, or termination of ATA services.

**2.12.6 Contractor Liability:**

NFN agrees to the understanding of contractor liability and actions stipulated in this standard.

**2.12.7 Insurance:**

Nurse for Newborns will continue to maintain insurance for liability as needed for implementation of the contract and follow the notification requirements of this standard.

**2.12.8 Subcontractors:**

NFN does not anticipate using subcontractors in the delivery of services for this contract.

**2.12.9 Participation by other Organizations:**

NFN does not qualify for consideration of using services of an organization serving the blind, or a Women or Minority Business.

**2.12.10 Contractor Status:**

As the contractor for the ATA contract, NFN agrees to assume all legal and financial responsibility for taxes and other items noted in this standard.

**2.12.11 Coordination:**

NFN agrees to coordinate fully with the state of Missouri and provide information deemed useful for the state of Missouri

**2.12.12 Property of State:**

NFN agrees to coordinate and make available all materials prepared in relation to this contract. This does not include the agency's electronic data system itself (as noted in point a) .

**2.12.13 Confidentiality:**

NFN agrees to keep confidential information of the contract and will seek approval for any sharing of information or reports on the program. NFN will cooperate with signing any documents that may be required regarding confidential information.

**2.12.14 Publicity:**

Any publicity related to this contract will reference the contract number and state agency. NFN will obtain approval from the state agency prior to the release of such publicity or publications.

**2.13 Federal Funds Requirements:**

**2.13.1 Subrecipient of Federal Funds:**

Since NFN currently is a subrecipient of federal funds, it meets the subrecipient requirements noted in Attachment 7.

**2.13.2 Steven's Amendment:**

NFN complies currently with this amendment and will continue to do so in the implementation of this contract.

**2.13.3 31 U.S.C. 1352:**

No funds from this contract will be used to engage in any activity to influence legislation or appropriations.

2.13.4 Pro-Children Act of 1994 – Non-smoking requirements:

NFN fully complies with this Act.

2.13.5 Clean Air Act & Federal Water Pollution Control Act:

Nurses for Newborns shall comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).

2.13.6 Drug Free Workplace Act of 1988:

NFN will maintain a drug free workplace, and will report any conviction of a member of NFN's personnel under a criminal drug statute for violations occurring on NFN's premises, or while conducting NFN business.

2.13.7 Whistle Blower Protections:

NFN will comply fully with the provisions of 41 U.S.C. 4712 that prohibit discharge, demotions, or discrimination as a reprisal for "whistleblowing."

2.13.8 Non-Discrimination and ADA:

As a current federal and state partner, NFN complies, and will comply fully with all federal and state statutes, regulations and executive orders relating to non-discrimination and equal employment opportunity as listed in 2.12.7, a-j, to the extent applicable to the contract.

**2.14 Business Associate Provisions:**

2.14.1 Health Insurance Portability and Accountability Act:

NFN complies with all applicable measures of the Health Insurance Portability Act including the use of appropriate forms, storage, and sharing of information.

2.14.2 Protected Health Information:

NFN complies with, and will continue to comply with the specifications for permitted uses and disclosures of protected health information listed in 2.14.2.

2.14.3 Obligations and Activities of the Contractor:

NFN will comply with the appropriate administrative, physical, and technical safeguards to protect electronic protected health information as stipulated in 2.14.3.

2.14.4 Obligations of the State Agency:

This refers to requirements of the State of Missouri.

2.14.5 Expiration/Termination/Cancellation:

NFN will cooperate with the state agency in addressing any information sharing that may be necessitated by a termination of the program within the requirements of the HIPAA.

2.14.6 Breach of Contract:

NFN agrees to the terms of this standard in the event that a breach of contract is determined to have occurred.

**EXHIBIT F****METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. For each geographic region proposed, identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location/satellite location.

GEOGRAPHIC REGION 6 <i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>	
Identify the service location:	7259 Lansdowne, Suite 100, St. Louis, MO 63119
Identify the satellite location(s)	N/A
Describe the geographic proximity of the services being proposed to the majority of the clients served.	
Although NFN maintains its office in St. Louis County, NFN delivers its programs directly in the client's home, which is closer than neighborhood-based services.	
Describe how women initially access service and locate the service location/satellite location.	
Women access services through referral from health or community organizations, and through direct contact with NFN. By delivering services in the home, the RN/Case Manager has the opportunity to respond to the woman's entire family environment, while at the same time removing transportation barriers, or difficulties in finding a babysitter for other children in the family, which can be barriers to women receiving the services they need.	

2. For each geographic region proposed, describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients

GEOGRAPHIC REGION 6 <i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>
Describe the demographic profile of the at-risk population to be served.
The at-risk profile of our population based on referrals in the most recent evaluation period includes Medicaid eligible 73%, single parent 70%, less than 12 years education 24%, pregnancy unintended 42%, drugs 15%, alcohol 4%, medical issues (mom) 31%, medical issues (baby) 31%, psycho/social issues 37%, history of pregnancy problems 14%, and, late prenatal care 11%. NFN nurses serve mothers-to-be, new mothers and infants who are uninsured and underinsured and who typically lack access to the services they need.
The statistical information above notes that abortion rates are high in this region with the highest numbers

in St. Louis City and County followed by St. Charles and Jefferson counties. The information also underscores the at-risk condition for infants and their mothers in the proposed region. Teen births, which often present physical and developmental complications for both infant and mother, were significantly higher for several of the counties to be served, some with more than twice the national average of 41.0. Infant mortality in Missouri exceeds the national rate, and is even more severe in several of the counties proposed, with one county over twice the national rate. Perhaps the most striking need that is evident from this information is the safety of Missouri's children, with several counties averaging over 3 or 4 times that national average for child abuse and neglect.

*Describe outreach strategies for reaching the targeted population.*

Because NFN is a home visiting program, all services reach out to clients in their homes. NFN staff also conduct outreach into the community through on site meetings with clients and staff at Federally Qualified Health Centers, health fairs, and attendance at community meetings and gatherings. In order to address the diverse needs of populations in several counties, most NFN nurses live in the counties served, and cultural and diversity training is provided for NFN home visiting staff. NFN selects staff with cultural or linguistic competence to address the needs of diverse populations, including Community Health Workers who reach out into their immigrant or African American communities, providing information on services at community service sites, schools, faith or cultural facilities, and through direct linkage with members of the community. NFN also participates in collaborations with area health facilities that serve pregnant women, (such as St. Mary 's Health Center and Affinia Health Centers). These collaborations enhance coordinated case management and facilitate the inclusion of pregnant women into NFN services.

3. Describe the marketing of services.

Because NFN has provided in-home nursing services for the past 25 years to residents in the region and has provided ATA services for many years, area medical centers, clinics, and social service agencies refer clients to NFN programs, at times specifying a referral to the ATA program. Nevertheless, NFN recognizes that frequently, women who are pregnant may not access prenatal care or other community services. For that reason, NFN attempts to inform the general community of NFN services through web presence, social media efforts, and other formats made possible through partnerships with other community initiatives (such as the Prenatal Infant Wellness Coalition or the Triumph campaign). As noted above, collaborations with area health facilities that serve pregnant women provide information about NFN services to women receiving services from these facilities. NFN and its services are also featured on regional radio and television programs that highlight community resources. NFN services have been shared with specific communities (Bosnian, Hispanic, Vietnamese), through the individual outreach efforts of agency Community Outreach Workers and through publications in the language of these communities.

4. For each geographic region proposed, identify the site where the Initial Client Intake Assessment will be conducted. Describe how client eligibility will be determined.

GEOGRAPHIC REGION 6	
<i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>	
Identify the site where the Initial Client Intake Assessment will be conducted:	Intake is conducted in the NFN office and verified in the client's home.
Describe how client eligibility will be determined.	
<p>NFN's Intake Department conducts the initial verification of demographics over the phone at referral, noting whether or not the client meets NFN eligibility standards. The Department then assigns the client a case manager, who further verifies the eligibility requirements at the first home visit. Verification of eligibility generally occurs in the home with the RN Case Manager at the initial or subsequent visits. After engaging the client in a way that encourages trust, including the provision of needed infant or</p>	

maternal care items, the nurse seeks the client's permission to complete information for possible enrollment in the ATA program. The nurse uses the instruments to guide her assessment and notes the response of the pregnant woman on the forms, using the self-report of the pregnant mother as the basis of the information sought.

5. For each geographic region proposed, provide a detailed description of the case management process. Identify the hours of service, including emergency coverage outside of business hours and weekends.

#### Case Management Process

##### *Intake/Referral*

Clients are referred to the Intake Department during pregnancy through self-referral or through community referrals based on medical, environmental, social or economic risk factors and ineligibility for other home visiting services. Referrals are received either by phone or by fax.

##### *Case Management Processes/Initial Phase*

The intake worker receives and inputs the client information into the database, and assigns the client to a nurse in the client's area. All referrals are assigned to a nurse within 48 hours of receiving the referral. All visits are documented and retained in our database for a period of at least 5 years and are then archived.

Our coordinated and comprehensive system assures that each client is:

- Assessed for the risk of abortion and for the need for additional services beyond case management;
- Allowed client-centered decision-making in developing the plan of care;
- Advised of all applicable limitations in advance; and
- Provided case management that links the client with needed services regardless of payment source for these services.

Clients are seen in their homes for a period of 1 or 2 hours or more as needed. Prior to entry into case management for the ATA program, but within the first two weeks of a referral, the RN/Case Manager will complete an *Individual Risk and Needs Assessment* Form with the client and submit this data to the state within 2 working days. The nurse/case manager also completes the *Initial Client Assessment* and submits this data to the state within two working days. This plan includes assessment for domestic violence. The most urgent issues and other information are documented in the client's case file.

The RN/Case Manager documents the strategies for client education regarding available services and support systems as well as referrals for services and outcomes of the referrals. This plan also identifies any infant care concerns of the client and nurse, parenting skill needs as determined by the client and nurse, the course of action to address infant care and parenting skill concerns, and special considerations (such as needing visits at certain times.) In addition, pregnant women receive the following education, assessment, and comprehensive written educational materials (in their own language).

1. Education of normal fetal growth and development and normal discomforts of pregnancy.
2. Nutritional assessment/education.
3. Referral/coordination for childbirth classes.
4. Blood pressure/vital signs each visit.
5. Education regarding signs/symptoms of preterm labor.
6. Education re when to call physician.
7. Referral/coordination with smoking cessation/drug treatment programs, if appropriate.
8. Assessment of fetal activity.
9. Specific interventions per doctor's orders.
10. Help identifying factors/lifestyles associated with premature birth/damage to fetus.
11. Help with food, clothing, baby formula, diapers, cribs, and car seats, as needed.

All services are based on the strengths and needs of the family. Home visiting schedules vary by the risk factors and wishes of the families referred. Success of the program is based in the relationship that occurs between the nurse and the client. In order to facilitate that relationship and assist the mother with the achievement of goals,

the nurse provides the mother with her agency cell phone number so that she can reach her-or an on-call NFN nurse- at any time. Clients also have access to the agency after hours help line in order to ensure availability of assistance as needed. During the past two years, NFN nurses have been trained in Motivational Interviewing which facilitates building relationships and enhances the effectiveness of those relationships.

Case Management and all other ATA program activity is directed at the accomplishment of specific program goals that correspond to the developmental relationship of the nurse case manager and the client. The primary goal is to maintain pregnancy and produce a healthy baby. The following goals help guide the activity of prenatal care:

Goal #1: To decrease malnutrition due to inadequate diet related to age, environment of neglect due to a lack of support or resources.

Objective #1: To teach components of a balanced diet and its importance, and to assist in obtaining food from NFN or from other resources in the community.

Goal #2: To decrease preterm labor and Small for Gestational Age (SGA) babies due to smoking.

Objective #2: To teach about problems related to smoking and encourage cessation, and to encourage mom to have regular prenatal visits.

Goal #3: To decrease preterm delivery due to preterm labor.

Objective #3: To teach signs and symptoms of preterm labor and encourage medical intervention if signs are noticed.

Goal #4: To decrease or eliminate the use of alcohol during pregnancy.

Objective #4: To teach signs and symptoms related to alcohol abuse during pregnancy and encouraging the client to practice abstinence. To also teach about the alcohol-related problems to the infant.

Goal #5: To eliminate the use of drugs during and after pregnancy.

Objective #5: To teach about the problems drug use causes for both the mom and the infant. To aid the client in accessing drug treatment.

Goal #6: To decrease pregnancy-related illnesses such as gestational diabetes, Pregnancy Induced Hypertension (PIH), and repeat Urinary Tract Infections (UTIs).

Objective #6: To teach the importance of early and regular prenatal visits with the doctor and to teach the signs and symptoms of pregnancy related illnesses and labor.

#### *Case Management Processes; Postpartum Mothers and Infants*

In addition to the activity noted above, as the mother returns home from the hospital, the nurse/case manager continues home visits that include:

1. Physical / emotional assessment
2. Assessment of home environment
3. Assessment of attachment/parenting skills
4. Nutritional assessment/educational materials
5. Information on signs of postpartum complications
6. For each geographic region proposed, provide a preliminary list and description of all prenatal and parenting education courses provided by your organization. Indicate the source of the course material taught in each class and identify where each of the required educational components identified in paragraph 2.3.1 c. of the RFP are covered.

NFN does not conduct parenting education or parenting skills training in separate classes. However, NFN nurses provide prenatal education and parenting education and skills training. NFN's Clinical Guidelines for nurse home visits encourage promotion of cognitive skills, motor skills, valuing and comforting the child, and include the following additional topics:

Up to 12 weeks – Prenatal care, Vitamins, Smoking during pregnancy, Alcohol during pregnancy, Healthy diet, Good nutrition, Normal weight gain, Morning sickness.  
 12 – 16 weeks – Exercise in pregnancy, Changes in your body, Triple screen test.  
 16 – 20 weeks – Back pain, Ultrasound. What does my baby look like?  
 20 – 24 weeks – UTI, Preterm labor, Reasons to breastfeed. What does my baby look like?  
 24 – 48 weeks – GDM, Anemia, Prenatal classes. What does my baby look like?  
 28 – 32 weeks – Birth plan, Preterm labor, Kick counts. What does my baby look like?  
 32 – 34 weeks – Pain control, Preeclampsia, Circumcision. What does my baby look like?  
 34 – 36 weeks – GBS, Labor signs and when to go to the hospital, Birth control options. What does my baby look like?  
 37 – 38 weeks – Preparing for breastfeeding.  
 39 weeks – What happens in labor, Safe Sleep following 2011 AAP Recommendations, first postpartum visit.

Additional topics as needed - Life Skills, Rest, STI's, Support System, Domestic Violence, Dental Health, Necessary Baby Items, Choosing a Pediatrician, Fetal Growth & Development.

7. For each geographic region proposed, describe each of the services specified in section 2.3.2 of the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.

#### **Additional Client Services**

In addition to directly providing the prenatal and newborn services noted in the Case Management section above, the RN/Case Manager ensures care coordination of several additional services identified in the ATA Request for Proposal.

#### **Prenatal Care**

In addition to the prenatal care provided by the NFN nurse, the RN/Case Manager and client will work together to coordinate the prenatal care services needed including doctors, health centers, clinics and hospitals. The nurse case manager will ensure client's needs and resources are considered in decisions regarding location of doctor/clinic offices, hospitals, transportation limitations, and also in terms of monetary resources (health insurance, Missouri Health net, etc.). NFN works actively with many medical providers and works actively with the Medicaid HMO organizations to help ensure prenatal services.

#### **Medical Care**

The RN/Case Manager works with the client to ensure the client's access and use of a medical home. The RN/Case Manager will ensure that the client's needs and resources are considered in decisions regarding location of doctor/clinic offices, hospitals, transportation limitations, and also in terms of monetary resources (health insurance, Medicaid, etc.). NFN works actively with many medical providers and works actively with the Medicaid HMO organizations to help ensure linkage to primary medical care.

#### **Mental Health Care**

As with medical care, the RN/Case Manager and client work together to identify need and facilitate access to mental health services. NFN has noted that approximately 40% of clients in the past two years have had elevated levels of depression. For this reason, the agency has active linkage with regional and local mental health providers including those for acute mental health needs (Such as Behavioral Health Resources). In addition, many NFN nurses have been trained in Problem Solving Therapy, an evidence informed approach to addressing environmental factors that impact depression and other mental health conditions. NFN has social workers who possess the capacity to provide in-home mental health services. The nurse case manager, using NFN's protocol for referral, may draw upon any of these sources to meet the mental health issues of the pregnant woman, mother, father or other caregiver.

#### **Newborn or Infant Medical Care**



The RN/Case Manager and client will work together to ensure and coordinate the necessary medical services required by the infant, including doctors, health centers, clinics and hospitals. This is a high priority for NFN nurses. The Case Manager will ensure the caregiver's needs and resources are considered in decisions regarding location of doctor/clinic offices, hospitals, transportation limitations, and also in terms of monetary resources (health insurance, Medicaid, etc.). NFN works in partnership with several medical organizations and actively with many medical providers and works actively with Medicaid HMO organizations to help ensure linkage to medical care.

### **Adoption Assistance**

NFN provides counseling, educational materials, emotional support, and guidance to any client who chooses to pursue this option. NFN may refer any client deciding to put their child up for adoption to Family Resource Center, Lutheran Family Services, and Catholic Services, or other adoption services in the client's area. If requested by the client, NFN RNs will accompany the client to meetings with adoption agencies and prospective adoptive parents.

### **Child Care**

The NFN nurse refers any client needing this service to the appropriate referral agency, which will vary because of the wide geographical area covered. In some areas, NFN works closely with child care providers who are part of collaborative community efforts. In addition, NFN refers clients to organizations that maintain information about day care facilities in the region.

### **Clothing**

Clothing for the infant born is frequently provided directly by the NFN nurse who distributes donated new or gently used clothing for families served by NFN. Clothing assistance for the mother is provided most often by referral to programs in the community such as "Dress for Success."

### **Domestic Abuse Protection**

NFN protocols and training help prepare the nurse case manager to assist the caregiver with issues of domestic abuse, including the development of a safety plan. The nurse provides shelter and domestic violence printed information to the client in a manner that is attentive to the client's home situation. As noted earlier, the nurse remains available 24/7 to assist caregivers and maintains current knowledge of shelters that can assist when needed.

### **Drug and Alcohol Testing and Treatment**

The NFN Nurse maintains information on drug and alcohol testing and treatment centers accessible to the clients served. The nurse provides this information and facilitates the referral as needed.

### **Education Services**

The nurse case manager ensures the client participates in a formal education program designed to allow the client to advance toward a high school diploma, GED, business, vocational, technical training, or college undergraduate degree. Among the resources used by clients, the NFN nurse draws upon those provided by the following:

- Department of Economic Development
- Department of Elementary and Secondary Education
- Coordinating Board of Higher Education
- Department of Social Services
- Community Resources
- Community Action Agencies

### **Food**

The nurse case manager ensures that the client is provided with food relating to pregnancy, newborn care, and parenting, through the WIC and food stamp programs. If needed, the nurse may refer the client to food pantries and/or provide direct food assistance, distributing food items donated for families served by NFN.

### **Housing**

If identified as a client need, the NFN Case Manager helps ensure that the client has housing. The nurse case manager and client will contact the community or government agency(ies) listed below to obtain housing for the client:

- Department of Economic Development
- Department of Labor and Industrial Relations
- Department of Mental Health
- Community Resources
- Community Action Agencies

Other organizations frequently assisting NFN clients include Beyond Housing and Legal Services of Eastern Missouri. In order to ensure a safe place for the mother and child(ren), the nurse case manager may assist the client with emergency shelter, licensed residential care, or housing assistance. NFN has active referral and cooperative service arrangements with several shelters for women and children including Our Lady's Inn and Almost Home.

#### **Utilities:**

The Case Manager helps ensure that the pregnant woman is able to maintain critical utilities such as water, gas, and electricity. NFN has in place arrangements with Ameren Missouri, Laclede Gas, and several water companies to assist with preventing shut offs and/or returning services that are currently supported by ATA funds and a special NFN emergency assistance fund.

#### **Job Training and Placement**

If identified as a client need, the nurse case manager will help ensure the client is provided with a job training and placement program that facilitates and/or enhances the employability of the client and/or the father of the client's infant who might otherwise not qualify for help. The nurse case manager assists the client in contacting the community or government agency(ies) listed below for obtaining job training and placement program services:

- Department of Economic Development
- Department of Labor and Industrial Relations
- Department of Social Services

#### **Supplies**

If identified as a client need, the NFN Nurse case manager will ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting. Most of these supplies will come directly from NFN including diapers, baby wipes, strollers, blankets and many other items to meet the needs of clients. These items are provided through donations to NFN. In addition, if the case manager determined that the client is unable to provide a safe sleep environment for the client's infant, the nurse will ensure that the client is provided with a Pack N' Play which meets the American Academy of Pediatrics' Guidelines.

#### **Transportation**

If identified as a client need, the nurse will assist the client with needed transportation in order for the client to access services identified. This may include the purchase of public transportation passes.

#### **Ultrasound Services**

The client's physician orders these services and the NFN nurse would assist the client with scheduling these services as needed.

#### **Other Services**

If identified as a client need, the NFN RN/Case Manager will ensure that the client is provided with additional client services related to (1) assisting the client in carrying the client's unborn child to term and to assist the client in caring for the client's dependent child(ren) or (2) placing the client's child for adoption.

#### **NFN service delivery system**

Nurses for Newborns maintains a list of some 1400 organizations that serve as referral sources for the clients served. A number of these organizations are active collaborators on local, state, or federal projects. Particularly helpful for this opportunity are the networks developed through the county wide tax authorities that link agencies serving children and families. (Children's Service Fund of St. Louis County and Community and Children's Resource Board of St. Charles County are two major networks.) Other networks have developed through collaborative interests of partner agencies (such as Project COPE in Jefferson County, Raising St. Louis, and the 24:1 Project in Normandy, Missouri.) *Referral Plan:* The nurse case manager utilizes the list of sources located in her computer database to aid the client with the needed information and then may assist the client through follow-up with the agency as needed. The referral and the outcome of the referral are documented in the client's electronic medical record.

### Cultural Competency of Providers

Because cultural competency is a critical factor that impacts the effectiveness of NFN programs, NFN uses several strategies to ensure language and cultural competency. As noted elsewhere, NFN utilizes nurses who live in and have knowledge of the area in which the family resides. Staffing attempts to ensure racial and ethnic diversity so that nurses or Community Outreach Workers better understand and work with the cultural preferences of the families served. Language needs of the clients served are addressed directly by bilingual nurses or Community Outreach Workers or through the use of LAMP interpreters. As a component of the agency's health literacy grant awards, NFN nurses have received training in cultural competence and this issue is a part of ongoing agency training efforts. The use of mothers of the communities (Community Outreach Workers) to assist with language and cultural issues with African American, Bosnian, Hispanic, and Vietnamese communities has also aided NFN in achieving greater cultural competence.

8. For each geographic region proposed, describe how your proposed program will provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

#### Region 6:

Nurses for Newborns's primary goal is to keep infants and their caregivers healthy and safe. NFN monitors the physical, emotional, social, mental health of infants and their caregivers while also assessing the safety of their environments. If there is an issue in any of these areas, NFN ensures that the family receives the resources and support that they need by helping the caregiver navigate through existing resources or referring the family to further help. NFN provides material support, as needed, in the form of diapers, formula, baby clothes, developmentally-appropriate toys, and other necessities for a child's healthy growth and development.

9. For each geographic region proposed, describe how your proposed program will help to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

#### Region 6:

NFN works with caregivers to ensure the best possible outcome for the infant. This includes educating the caregiver on the benefits of education and employment. NFN provides clients information job preparation programs that increase opportunities for employment, and help families navigate the resources they need to get to these goals. In addition, NFN social workers assist couples who wish to address problematic relationship issues.

10. For each geographic region proposed, describe how your proposed program will reduce the incidence of future out-of-wedlock pregnancies. Include your program's annual numerical goals for preventing and reducing the incidence of these pregnancies.

#### Region 6:

NFN nurses provide information on the importance of the mother's health between pregnancies, including the safest time to space pregnancies. Nurses also discuss reproductive life plans including birth control with clients (but do not provide contraceptives). Nurses for Newborns tracks the rate of repeat pregnancies, and promote individual and family life choices that sustain the wellbeing of the infant and

family. NFN also helps to refer caregivers to sources for healthy relationship educational programming such as Catholic Family Services, Parents as Teachers, and Father Support Center.

11. For each geographic region proposed, describe how your proposed program will encourage the formation and maintenance of two-parent families.

Region 6:

Nurses for Newborns assesses the health of the infant and caregiver from all angles, ensuring that the environment is conducive to growth and development. When a caregiver expresses an interest in healthy relationship education, NFN's social workers provide services, and at times make referrals to other appropriate agencies.

12. Organizational Chart - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

The Chart that is found as the first Attachment in the "Attachment" section identifies NFN's nurses who currently provide Alternatives to Abortion services and the relationship of these team members with each other and the management structure of NFN. (Please See Organizational Chart found as the first document in the "Attachment" section of this response.)

13. Along with a detailed organizational chart, the vendor should describe the following:
  - How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

Services are managed, controlled and supervised through the coordinated activity of the Intake department, the assigned nurse, the Chief Nursing Officer (CNO), and the Chief Financial Officer. The family enters the system through Intake where initial client need and program relevance is determined. If the client qualifies by geography and risk factors for the program sponsored by the state agency, the information is referred to the contract coordinator who ensure that the basic contract eligibility requirements are met. The case is then assigned to the nurse serving the geographic area. The nurse visits the family and then begins management of the care of the family. The Chief Nursing Officer (CNO) and nursing supervisors supervise the nurses. Both the nurse and the nursing supervisor confer with the contract manager regarding questions relating to contractual obligations and opportunities. The nurse documents assessments, screenings, patient education and referral electronically. The nurse supervisor uses these notes to monitor the family progress and the nurse's interventions. The nurse also maintains the records related to classes conducted including the list of those attending. All of this information is directed monthly to the Contract Manager who uses it for invoicing and reporting. Overall operations of the contract are reviewed and monitored by the Chief Nursing Officer Ron Tompkins, and financial reports and management are overseen by the agency Chief Financial Officer, Mary Lou March. Melinda Ohlemiller, agency CEO has the final responsibility for all operations and will report to the agency Board of Directors on the contract's performance.

- Total Personnel Resources - The offeror should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the offeror has other ongoing contracts that also require personnel resources, the offeror should document how sufficient resources will be provided to the State of Missouri.

In order to provide services to a significant geographic region and meet the obligations of the grants and contracts that help support the cost of service, NFN maintains a staff of 27 direct care nurse case managers, 6 "non-licensed" case managers, 3 Intake/contract staff, and directors of research, technology, and social services in addition to nurse supervisory and administrative staff. The organizational chart included as the first attachment identifies the number and diversity of staff at NFN who will provide services directly or in support of the ATA

contract. Although staff provide services for clients in the ATA contract as well as for other contracts, caseloads and support capacity are continually monitored to ensure appropriate levels of staffing to ensure that sufficient resources are provided for this contract with the state of Missouri. Furthermore, because NFN has been providing ATA services for several years and served 146 ATA clients last year, it anticipates continuing its capacity to meet the number of families projected.

14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.
- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.
- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

Nurses for Newborns' economic presence in Missouri can be seen in several ways. The agency leases a 9,000 square foot office building in St. Louis County. This facility provides space for NFN's nursing and support staff as well as limited warehouse space for items donated for families served by NFN. The building owner pays taxes to the state of Missouri and St. Louis County. The income that NFN's staff receive provide an even more significant impact on the Missouri economy. Over \$2,400,000 of salaries support the 50 staff members who live and shop in Missouri. Lastly, because NFN services have demonstrated their effectiveness in preventing child abuse and neglect, the medical, institutional and legal costs associated with this tragedy are eliminated for families at significant risk. Cost analysis for the economic impact of nurse visitation finds that every dollar spent in this prevention activity results in \$5.00 in savings to the community. (Brookings, 2011) Nobel Prize winner, Dr. James Heckman notes that interventions at this earliest phase of development provide the most dramatic return on investment, impacting infant health, as well as child educational and adult earning potential. (*The Heckman Equation*, 2016)

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services.

GEOGRAPHIC REGION	ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED	ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CARE CLIENTS TO BE SERVED
1		0
2		0
3		0
4		0
5		0*
6	180 clients	0
7		0
8		0
9		0

\*Please note: Although NFN has identified a projected cost for this service (if such service needs to be supported by ATA funds awarded to NFN), previous experience with the program for the last several years has not required the use of ATA funds for this purpose. However, NFN frequently works with clients who do use Residential Care Services. If the services are needed, the NFN RN refers the client, often helping to make the arrangements for the client's admission to the Residential Care facility. The facilities have not required use of NFN funds - from ATA or any other source. However, some of these facilities are ATA funding recipients and use their ATA funds for the purpose of providing residential care services.

**EXHIBIT G**

## **IMPLEMENTATION OR READINESS PLAN**

**Implementation or Readiness Plan** - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

[illegible]

**EXHIBIT H****CLIENT SCENARIO**

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

\*\*\*\*\*

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

\*\*\*\*\*

**Narrative:**

Jessica hears from her cousin that Nurses for Newborns helps pregnant women and babies, so she calls Nurses for Newborns to see what they can do to help her. She speaks with NFN's Intake Coordinator, who secures information on Jessica's risks and information on the location of her home. Additionally, the Intake Coordinator inquires after Jessica's connections with federally supported programs, including MO HealthNet Prenatal Case Management, Building Blocks of Missouri, Healthy Families Missouri Home Visiting Program, and Healthy Start program. Hearing that Jessica has availed herself of none of these options, the Intake Coordinator makes a note in Jessica's intake. After verifying Jessica's eligibility for ATA, the Intake Coordinator assigns Jessica to her nurse/case manager, Caroline, who lives in the same area. After accepting the referral, Jessica's intake information is electronically made accessible to Caroline's computer.

Within 24 hours of receiving Jessica's referral, Caroline contacts Jessica to discuss what NFN does and explains the ATA program. Caroline and Jessica schedule an appointment in order to conduct an initial assessment, and home visit. Caroline and Jessica work together to ensure Jessica feels well-informed about the program and is willing to participate. As per ATA guidelines, Caroline conducts an initial assessment to address any of Jessica's urgent issues. Jessica shares that she has considered the possibility of having her baby adopted. Caroline informs Jessica that there are agencies that would be able to assist her with the adoption process. Because Jessica mentioned that her family was Lutheran, Caroline advises Jessica of adoption services that correspond to Jessica's faith heritage-and gives Caroline the number to reach Lutheran Family and Children's Services. However, Jessica shares that she would really like to keep her baby. Caroline asks her what is preventing her from doing this.

Jessica shares that she is in need of transportation. Caroline advises Jessica that her college has a program in which all students receive free transit passes after enrollment. Caroline goes on to discuss the procedures for securing the transit pass with Jessica, and helps her to follow through with the steps in the process.

Next, Caroline follows up with Jessica regarding the Intake Coordinator's references to MO HealthNet Prenatal Case Management, Building Blocks of Missouri, Missouri Community-Based Home Visiting Program. Caroline identifies any barriers that have prevented Jessica from accessing these programs and assists her with making phone calls to the appropriate offices and arranging for transportation, if necessary.

Caroline makes her first home visit with Jessica within one week of receiving her referral. At the first visit, Jessica and Caroline talk about Jessica's expectations of the program and her reasons for contacting Nurses for Newborns. Jessica informs Caroline that at this time, she would rather keep her baby and not proceed with an adoption. Caroline thanks Jessica for her thoughtful concern for her baby and shares that if she thinks differently later, the service she noted is still available. Next, Caroline collects information about Jessica and performs routine medical checks including blood pressure, weight, and an overall systems review. Caroline assesses Jessica's support system as well as the overall health and safety of Jessica's environment including a domestic violence assessment and notes any materials or resources that Jessica needs for her health and safety or, as her pregnancy progresses, for the health and safety of her baby. Caroline also speaks with Jessica about the resources available to her through her community health centers, government assistance programs (especially WIC, and the Supplemental Nutritional Assistance Program), and initially assists her with making the initial phone call to MoHealthNet and her local health department for access to these programs. Caroline also confirms that Jessica's college has provided the transit pass and that Jessica understands how to use it. Caroline then helps Jessica to access the transit map and informs her of which stops will get her to the appropriate offices so Jessica can complete paperwork for enrollment.

After the initial visit, Caroline monitors and documents Jessica's progress with her pregnancy, overall physical and mental well-being, and material needs in the electronic medical record. As Jessica expressed her need for housing in a more central location, Caroline works within the Nurses for Newborns system to help Jessica find affordable housing in an area closer to her college. After Caroline helps Jessica to find a location Jessica feels comfortable and safe with, Caroline discusses Jessica's next step. Because Jessica is unemployed, she does not have sufficient funds to submit a down payment on the apartment. Caroline accesses ATA funds only after all other existing agency and community resources have been exhausted.

Caroline discusses the financial aid process with Jessica and helps her to apply. As Jessica has no income or assistance from her parents, she is eligible for enough aid to cover tuition, books, and fees. An additional work-study may be available to Jessica to cover the living costs associated with attending school (rent, utilities, etc). Caroline helps her to apply for the position, which will provide sufficient funds until Jessica's boyfriend is able to find a job. Should any additional needs for rent, utility, or transportation assistance arise, Caroline will again work within the NFN structure to provide Jessica with the resources she needs, referring to ATA funds only when all other sources have been exhausted.

Jessica's boyfriend is present for their next visit, and Caroline, Jessica, and the boyfriend discuss plans for the pregnancy, addressing Jessica's most urgent needs (e.g. rental assistance, securing governmental assistance, and prenatal care), setting measurable goals (e.g. exercising 2x week and eating fresh foods), identify information Jessica needs and develop strategies for obtaining it (e.g. childcare options, how to enroll for WIC, etc) and outcomes goals for referrals (e.g. schedule and keep 3 appointments/month with appropriate agencies). Jessica's boyfriend expresses an increasing interest in how to best take care of the baby when he or she is born, so Caroline provides him with some paternal education materials. Before concluding their visit, Caroline works with Jessica to schedule their next visit, reminds Jessica that she is available to her 24/7, and provides Jessica and her boyfriend with a business card containing her contact information and on-call cell phone number. Carolyn encourages Jessica to secure prenatal care services and helps Jessica select a local provider that provides prenatal care. Transportation to the first visit is discussed, and using the college's transportation program, Jessica will be able to make the trip to the WIC office.

After their meeting in the first month, Caroline and Jessica (and occasionally Jessica's boyfriend) continue to meet monthly throughout the duration of her pregnancy, and at each visit they move through NFN's evidence-based parent education curriculum. Through this process and their time together, Jessica learns valuable skills such as nutrition management, pain management during labor, relaxation techniques, self-care, and problem-solving strategies. As Jessica's due date nears, Caroline obtains any items needed through Nurses for Newborns' donation bank (e.g. clothing, diapers, bassinets/cribs, breast pumps, formula, etc). Caroline also explores Jessica's understanding of the relationship of the infant's father. Jessica shares that the relationship is generally positive, but the couple's stress of being young future parents may put a strain on their relationship in the coming future. Jessica explains that the father has obtained a good source of employment, but due to her school schedule, their downtime is spent watching television, so the couple does not spend quality time together. Caroline reviews



the benefits of the father's involvement, and Jessica's hope for a two-parent family. She asks if Jessica would be willing to speak with one of NFN's social workers trained in couples counseling, and Jessica agrees.

Once Jessica's baby arrives, Caroline contacts her to schedule a visit within 72 hours of their hospital discharge. Jessica's baby has no medical concerns that require additional attention, but Jessica is anxious due to her being a young mother. At the home visit, Caroline assesses the baby's height, weight, feeding habits, and other health indicators to ensure the child is healthy and help Jessica to know when to call her or the doctor. Additionally, Caroline continues to assess Jessica's mental wellness using the Edinburgh Post Partum Depression Screen. Jessica's score is higher than the acceptable range so Caroline encourages Jessica to access a local mental health service to help her maintain her health at a time that is very frequently problematic for many mothers. Reluctantly, Jessica agrees, and continues to discuss these options with Caroline. Caroline informs Jessica that additional mental health resources are available to her through Jessica's college, at no cost to Jessica, but Jessica expresses her interest in a resource more attuned to new mothers. Caroline discusses these options with Jessica, and Jessica selects a provider that accepts MOHealth Net.

At each home visit, Caroline answers Jessica's questions regarding feeding, diaper changes, understanding what her baby needs and when, and reassures her about her ability as a mother. Caroline assists Jessica in making her appointments with the pediatrician, and makes sure that Jessica understand which transit stops will be easiest for her to access the pediatrician's office. Jessica and Caroline review SIDS prevention strategies (e.g. placing the baby on his back to sleep, eliminating use of pillows in the crib; not allowing any choking or suffocation hazards near baby's face), the Safe Homes checklist provided by Washington University, diapering and feeding skills, and infant CPR. Caroline also refers Jessica to her local Parents-as-Teachers program and assists her with making the initial phone call. Caroline reviews crib safety and uses the American Academy of Pediatrics materials to assess infant sleep safety. Caroline then secures a safe Pack N Play bed that was given to Nurses for Newborns and gives it to Jane to help ensure the infant's sleep safety.

For the first month of the baby's life, Caroline visits with Jessica once per week to ensure both she and her baby are healthy, safe and well cared for. Once Jessica is comfortable with doing so (in month 2 of the baby's life), Caroline decreases her visits to 2x/month. Once Jessica and her baby reach a point of stability (in the fourth month), visits continue on a monthly basis. Throughout their time together, Caroline remains on call 24/7 should Jessica need any assistance, advice, or support.

As the baby grows and develops, Caroline conducts developmental assessments using the ASQ-III to ensure his growth and development is on track and identify any special needs as early as possible. Throughout her visits, Caroline monitors the attachment levels of bonding between Jessica and the baby, completing HOME inventories according to NFN's guidelines. In alignment with NFN's outcomes, Caroline also educates Jessica on the importance of getting her baby's immunizations on schedule and follows up with Jessica's doctors to ensure the immunizations are taking place. She encourages Jessica to maintain the "medical home," where she and her child can continue to develop a relationship with a physician team and have access to quality care. Through Caroline, Jessica is able to access age-appropriate books for her child through the donation-based NFN Lending Library. Through this program, Caroline brings books from the NFN office to Jessica's home. Once finished with the books, Jessica returns them to Caroline at the next visit and is loaned new books in their place. Caroline also advises Jessica to connect with her local library. With Caroline's encouragement, Jessica continues her baby medical visits with the assistance of the infant's father who is willing to accompany Jessica and the baby when he is not at his part time employment.

Once her baby reaches 6 months of age, Jessica and Caroline begin their termination plan from the ATA program. Caroline and Jessica work together to identify community programs to assist Jessica with any remaining needs, sometime addressing issues through phone calls between visits. At the end of the service period, Jessica and her baby remain safely housed, have established a medical home, have received all scheduled immunizations, have made no inappropriate emergency room visits, and have had no substantiated reports of child abuse or neglect. Jessica has remained motivated to finish her college degree, and has been trained in relaxation and problem solving techniques. Jessica has demonstrated appropriate care of her infant, helping the baby to grow and develop physically and socially. Jessica has been connected with PAT and other community resources and government assistance programs and knows how to access them. Although Jessica becomes ineligible for ATA service at the

end of the 12<sup>th</sup> month of NFN ATA service, Jessica plans to continue with the NFN program so that the nurse can continue to visit her periodically for a few more months and remain available for assistance as her infant continues to develop and as Jessica continues her educational career through her college.

Total price: \$4590.00 (provide a price analysis)

**Cost Related to NFN Service for ATA Client Jessica Smith  
Home Visit Professional Case Management**

MONTH OF SERVICE	# OF VISITS	TOTAL # OF HOURS
1	1	2
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8	1	1
8	4	4
9	2	2
10	2	2
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1
19	1	1
20	1	1
21	1	1

**Home Visit Professional Case Management**

**Total:** 27 visits, 28 hours X \$146.00 per hour: **\$ 4088.00**

Rental Assistance: Down Payment of first month's rent: **\$ 600.00**

**Total Cost of Additional Services:** **\$ 600.00**

**Total Direct Cost** **\$4688.00**

**Administrative Cost: 8%** **375.04**

**Total Program Cost of Service billings to ATA for Jessica Smith:** **\*\$5063.04\*** Billing cost does not include contributed materials and non ATA funded assistance (including the Social Work counseling) that for Jessica would equate to over \$800.00

**MINORITY BUSINESS ENTERPRISE (MBE)/WOMEN BUSINESS  
ENTERPRISE (WBE) PARTICIPATION, ORGANIZATIONS FOR  
THE BLIND AND SHELTERED WORKSHOP PREFERENCE,  
AND/OR MISSOURI SERVICE-DISABLED VETERAN BUSINESS  
ENTERPRISE PARTICIPATION**

**EXHIBIT I**  
**PARTICIPATION COMMITMENT**

***NURSES FOR NEWBORNS DOES NOT QUALIFY FOR PARTICIPATION IN THESE PROGRAMS***

**Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment** – If the vendor is committing to participation by or if the vendor is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the vendor must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the vendor's proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the vendor must either (1) enter the participation percentage under MBE or WBE, **or** must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

Place a check in the appropriate box below for the region proposed. There should only be **ONE** box checked. If proposing multiple geographic regions, copy and complete this Participation Commitment Exhibit for each proposed geographic region.

Geographic Region				
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 7	<input type="checkbox"/> Region 8	<input type="checkbox"/> Region 9	

MBE Participation Commitment Table		
(The services performed or the products provided by the listed MBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
Name of Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE  <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed:  ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed:  ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed:  ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed:  ----- RFP Paragraph References:
<b>Total MBE Percentage:</b>	%	

**EXHIBIT I, continued**

<b>WBE Participation Commitment Table</b>		
(The services performed or the products provided by the listed WBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
<b>Name of Each Qualified Women Business Enterprise (WBE) proposed</b>	<b>Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed WBE</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total WBE Percentage:</b>	<b>%</b>	

<b>Organization for the Blind/Sheltered Workshop Commitment Table</b>	
By completing this table, the vendor commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract.	
(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)	
<b>Name of Organization for the Blind or Sheltered Workshop Proposed</b>	<b>Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	Product/Service(s) proposed: ----- RFP Paragraph References:

**EXHIBIT I, continued****SDVE Participation Commitment Table**

(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)

<b>Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed</b>	<b>Committed Percentage of Participation for Each SDVE</b> (% of the Actual Total Contract Value)	<b>Description of Products/Services to be Provided by Listed SDVE</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total SDVE Percentage:</b>	%	

**EXHIBIT J****DOCUMENTATION OF INTENT TO PARTICIPATE**

If the vendor is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the RFP, the vendor must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the vendor's proposal.

Place a check in the appropriate box below for the region proposed. There should only be **ONE** box checked. If proposing multiple geographic regions, copy and complete this Documentation of Intent to Participate form for each proposed geographic region.

Geographic Region				
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 7	<input type="checkbox"/> Region 8	<input type="checkbox"/> Region 9	

~ Copy This Form For Each Organization Proposed ~

Vendor Name: \_\_\_\_\_

**This Section To Be Completed by Participating Organization:**

*By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the vendor identified above.*

Indicate appropriate business classification(s):

\_\_\_\_ MBE \_\_\_\_ WBE \_\_\_\_ Organization for the Blind \_\_\_\_ Sheltered Workshop \_\_\_\_ SDVE

Name of Organization: **Nurses for Newborns does not qualify to participate**

(Name of MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name: _____	Email: _____
Address (If SDVE, provide MO Address): _____	Phone #: _____
City: _____	Fax #: _____
State/Zip: _____	Certification # _____
SDVE's Website _____	Certification (or attach copy of certification)
Address: _____	Expiration Date: _____
Service-Disabled _____	SDV's Signature: _____
Veteran's (SDV) Name: _____	
(Please Print)	

**PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE**

Describe the products/services you (as the participating organization) have agreed to provide:

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---



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**Authorized Signature:**

\_\_\_\_\_  
 Authorized Signature of Participating Organization  
 (MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

\_\_\_\_\_  
 Date  
 (Dated no earlier than the RFP  
 issuance date)

**EXHIBIT J, continued****DOCUMENTATION OF INTENT TO PARTICIPATE****SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)**

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past five (5) years to the Division of Purchasing (Purchasing), the vendor **must** provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty), AND
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The vendor should check the appropriate statement below and, if applicable, provide the requested information.

- ☐ No, I have not previously submitted the SDV documents specified above to the Purchasing and therefore have enclosed the SDV documents.
- ☐ Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Purchasing.

Date SDV Documents were Submitted: Nurses for Newborns does not qualify to participate

Previous **Proposal/Contract Number** for Which the SDV Documents were Submitted:

(if applicable and known)

(NOTE: If the proposed SDVE and SDV are listed on the Purchasing SDVE database located at <http://content.oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the Purchasing within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the Purchasing will remove the SDVE and associated SDV from the database.)

**FOR STATE USE ONLY**

SDV Documents - Verification Completed By:

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date



**MISCELLANEOUS INFORMATION**

**EXHIBIT K****BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- |               |   |
|---------------|---|
| <b>BOX A:</b> | To be completed by a non-business entity as defined below.  |
| <b>BOX B:</b> | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <a href="http://www.uscis.gov/e-verify">http://www.uscis.gov/e-verify</a> . |
| <b>BOX C:</b> | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.  |

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "**business entity**" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "**business entity**" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "**business entity**" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A – CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under \_\_\_\_\_ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

\_\_\_\_\_  
Authorized Representative's Name (Please Print)

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Date

**EXHIBIT K, continued**

**(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)**

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

\_\_\_\_\_  
Authorized Business Entity Representative's  
Name (Please Print)

\_\_\_\_\_  
*Authorized Business Entity  
Representative's Signature*

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
- AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;
- AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

**EXHIBIT K, continued****AFFIDAVIT OF WORK AUTHORIZATION:**

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now \_\_\_\_\_ (Name of Business Entity Authorized Representative) as \_\_\_\_\_ (Position/Title) first being duly sworn on my oath, affirm \_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

***In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)***

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Verify Company ID Number

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of \_\_\_\_\_, State of  
(NAME OF COUNTY)  
\_\_\_\_\_, and my commission expires on \_\_\_\_\_.  
(NAME OF STATE) (DATE)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

**EXHIBIT K, continued**

**(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)**

**BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that Nurses for Newborns (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency or Public University\*** to Which Previous E-Verify Documentation Submitted: Office of Administration

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 4/25/12

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: C312062008 (if known)

Melinda M. Ohlemiller

Authorized Business Entity Representative's  
Name (Please Print)

Melinda M. Ohlemiller

Authorized Business Entity  
Representative's Signature

Nurses for Newborns

Business Entity Name

8/23/2016

Date

Melinda.ohlemiller@nursesfornewborns.org

E-Mail Address

199000

E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

Julie K. Kellner

Buyer

1-6-17

Date

**EXHIBIT L****Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Nurses for Newborns

Company Name

790714893

DUNS # (if known)

Melinda M. Ohlemiller

Authorized Representative's Printed Name

Chief Executive Officer

Authorized Representative's Title



Authorized Representative's Signature

8/23/2016

Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**EXHIBIT M****MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No <u>  X  </u>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04_009.pdf">http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04_009.pdf</a> )	Yes _____	No _____
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>1. _____ Unique good or service.</p> <ul style="list-style-type: none"> <li>EXPLAIN: _____</li> </ul> <p>2. _____ Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> <li>Identify foreign country: _____</li> </ul> <p>3. _____ Economic cost factor exists</p> <ul style="list-style-type: none"> <li>EXPLAIN: _____</li> </ul> <p>4. _____ Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> <li>Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: _____%</li> <li>Specify what contract work would be performed outside the United States: _____</li> </ul>		

**Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:	
Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	<u>  0  </u> %

**EXHIBIT M, continued****Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

<b>N00045261</b>	<b>Nurses for Newborns</b>
<b><i>Charter Number (if applicable)</i></b>	<b><i>Company Name</i></b>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	



DPM 26 AUG '16 AM 10:09

UNMARKED BID NO.

1700042

CLOSING DATE:

8/26/16

RECEIVED BY:

[Signature]

APPROVED BY:

[Signature]

UNITED STATES OF AMERICA  
TO PURCHASING

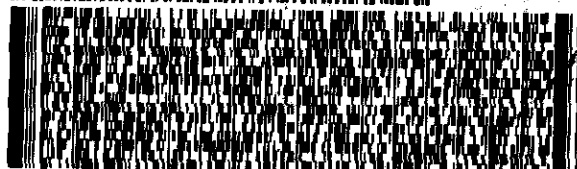
301 WEST HIGH ST  
ROOM 630  
JEFFERSON CITY MO 65101

(573) 751-7656

REF:

DEPT:

0215 8664 9544 6477

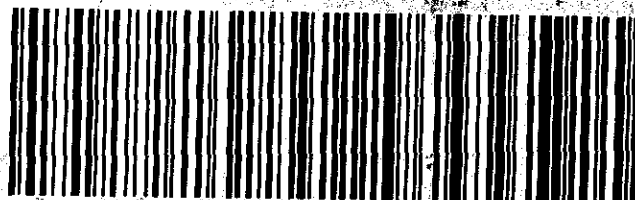


FRI - 26 AUG 10:30A  
PRIORITY OVERNIGHT

TRK# 8664 9544 6477

59 JEFA

65101  
MO - US STL



Ex. US Airbill  
Express

FedEx Tracking Number 8664 9544 6477

This portion can be removed for Recipient's records.

FedEx Tracking Number 866495446477

Rich Hennicke

Phone 314 660-9443

NURSES FOR NEWBORNS

7259 LANSLOWNE AVE STE 100

INT-LOUIS

State MO Zip 63119-3421

email Billing Reference

Purchasing

Phone 573-751-7656

301 West High Street,

deliver to P.O.-boxes or P.O. ZIP codes.

Room 630

Package to be held at a specific FedEx location, print FedEx address here.

Jefferson City

State MO Zip 65101-1517

0390784908



8664 9544 6477

0215

Recipient's Copy

4a Express Package Service

☒ FedEx Priority Overnight  
Next business morning.<sup>1</sup> Friday  
shipments will be delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight  
Next business morning.<sup>1</sup>  
Saturday Delivery NOT available.

Packages up to 150 lbs.

☐ FedEx First Overnight  
Earliest next business morning  
delivery to select locations.<sup>2</sup>  
Saturday Delivery NOT available.

☐ FedEx 2Day  
Second business day.<sup>3</sup> Thursday  
shipments will be delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx Express Saver  
Third business day.<sup>3</sup>  
Saturday Delivery NOT available.

4b Express Freight Service

☐ FedEx 1Day Freight<sup>4</sup>  
Next business day.<sup>5</sup> Friday  
shipments will be delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx 2Day Freight  
Second business day.<sup>5</sup> Thursday  
shipments will be delivered on Monday  
unless SATURDAY Delivery is selected.

Packages over 150 lbs.

☐ FedEx 3Day Freight  
Third business day.<sup>5</sup>  
Saturday Delivery NOT available.

5 Packaging

☐ FedEx Envelope<sup>6</sup>

☐ FedEx Pak<sup>6</sup>  
Includes FedEx Small Pak,  
FedEx Large Pak, and FedEx Specialty Pak.

☒ FedEx Box<sup>6</sup>

☐ FedEx Tube<sup>6</sup>

☐ Other<sup>6</sup>

6 Special Handling

☒ SATURDAY Delivery<sup>7</sup>  
Not available for  
FedEx Standard Overnight,  
FedEx Express Saver, or FedEx 2Day Freight.

☐ HOLD Weekday  
at FedEx Location<sup>8</sup>  
(Not available for  
FedEx First Overnight.)

☐ HOLD Saturday  
at FedEx Location<sup>8</sup>  
Available ONLY for FedEx Priority  
Overnight and FedEx 2Day  
Freight select locations.

Does this shipment contain dangerous goods?  
One box must be checked.

☒ No

☐ Yes  
As per attached  
Shipper's Declaration.

☐ Yes  
Shipper's Declaration  
not required.

☐ Dry Ice  
Dry Ice, 5 Lb. max.

☐ Cargo Aircraft Only

7 Payment Bill to:

☒ Sender  
Acct. No. in Section  
4a will be billed.

☐ Recipient

☐ Third Party

☐ Credit Card

☐ Cash/Check

Total Packages

1

Total Weight

4



Credit Card Auth.

Your liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

8 Residential Delivery Signature Options

If you require a signature, check Direct or Indirect.

☐ No Signature  
Required  
Package may be left  
without obtaining a  
signature for delivery.

☐ Direct Signature  
Someone at recipient's  
address may sign for  
delivery. Fee applies.

☐ Indirect Signature  
If no one is available at  
recipient's address, someone  
at a neighboring address may  
sign for delivery. Fee applies.

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